

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90069 036 ***150.00

B0008965



DO NOT WRITE IN THIS SPACE

DOCUMENT # H85017

1. Entity Name
ORESTES ALVAREZ-JACINTO, INC.

Principal Place of Business ORESTES ALVAREZ-JACINTO 1550 NE MIAMI GARDENS DR., S-305 MIAMI BEACH FL 33179-4836		Mailing Address ORESTES ALVAREZ-JACINTO 1550 NE MIAMI GARDENS DR., S-305 N. MIAMI BEACH FL 33179-4836	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6835 S.W. 92 Street Suite, Apt. #, etc.	
City & State		City & State Miami, FL.	
Zip	Country	Zip	Country
		33156	U.S.A.

4. FEI Number 59-2688926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSEN, GENE S. 1550 NE MIAMI GARDENS DR. S-305 N. MIAMI BEACH FL 33179		7. Name and Address of Now Registered Agent Name Orestes Alvarez Jacinto Street Address (P.O. Box Number is Not Acceptable) 6835 S.W. 92 St. City Miami FL Zip Code 33156	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE **1-14-00 (305) 662-3874**

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ-JACINTO, ORESTES 6835 S.W. 92 ST. MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alvarez-Jacinto, Orestes 6835 S.W. 92 Street Miami, FL. 33156
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: **1/14/00 (305) 663-6699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **(305) 663-6699**

CR2E034 (9/99)