

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90266 011 ***158.75

DOCUMENT # J47615

1. Entity Name

WOLFBURG ALVAREZ-CM, INC.

Principal Place of Business

**5960 S.W. 57TH AVENUE
 MIAMI FL 33143**

Mailing Address

**5960 S.W. 57TH AVENUE
 MIAMI FL 33143**

2. Principal Place of Business

1500 San Remo Avenue

3. Mailing Address

1500 San Remo Avenue

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

Zip

33146

Country

4. FEI Number

59-2445747

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODON-ALVAREZ, MARY LOU
 RICE FOWLER
 2222 PONCE DE LEON BLVD
 CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **WOLFBURG, DAVID A.**
 STREET ADDRESS **5960 SW 57TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **1500 San Remo Avenue Suite 300**
 STREET ADDRESS **Coral Gables, FL 33146**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **ALVAREZ, JULIO E.**
 STREET ADDRESS **5960 SW 57TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **1500 San Remo Avenue Suite 300**
 STREET ADDRESS **Coral Gables, FL 33146**
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

305-6665474

Daytime Phone #

CR2E034 (10/00)