

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K65351  
Entity Name  
ALVERN ENTERPRISE INC.

FILED  
Feb 04, 2000 8:00 am  
Secretary of State  
02-04-2000 90078 033 \*\*\*150.00

Principal Place of Business      Mailing Address  
CLARKE  
SW 2ND AVE  
LAUDERDALE FL 33315  
% ALFRED CLARKE  
3000 SW 2ND AVE  
FT LAUDERDALE FL 33315-3310  
US

913018



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0162257		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLARKE, ALFRED 1736 NW 91ST AVE PLANTATION FL 33322		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
CLARKE, ALFRED	NAME	STREET ADDRESS	
1736 NW 91ST AVE	CITY - ST - ZIP		
PLANTATION FL 33322			
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
SHANTEL CLARKE	NAME	STREET ADDRESS	
1736 NW 91ST AVE	CITY - ST - ZIP		
PLANTATION FL 33322			
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
	NAME	STREET ADDRESS	
	CITY - ST - ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
	NAME	STREET ADDRESS	
	CITY - ST - ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
	NAME	STREET ADDRESS	
	CITY - ST - ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
	NAME	STREET ADDRESS	
	CITY - ST - ZIP		

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: Alfred Clarke      1/27/2000      954-504-6263  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)