20Q1 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2001 8:00 am Secretary of State **DOCUMENT # K65351** ALVERN ENTERPRISE INC. 04-20-2001 90179 012 ***150.00 Principal Place of Business Mailing Address C/OALFRED CLARKE % ALFRED CLARKE 3000 SW 2ND AVE 3000 SW 2ND AVE To the first state of the FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 US 2. Principal Place of Business 3. Mailing Address AVENUE 4 VENUS 2950 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0162257 FORT Not Applicable LAUDERDALE Zip Zip. Country. \$8.75 Additional 5. Certificate of Status Desired 33315 33315 Broward Fee Required <u>Beowars</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARKE, ALFRED Street Address (P.O. Box Number is Not Acceptable) 1738 NW 916T AVE. PLANTATION FL 33322 Zip Code 333/5 City LAUSERDALE 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete Change ☐ Addition TITLE TITLE CLARKE, ALFRED NAME CLARKE, ALFRED NAME 3020 NE 477 STREET STREET ADDRESS 1736 NW 91ST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 LAUDELDALE, FL 33308 ☐ Delete ☐ Addition TITLE TITLE CLARK, SHANTEL NAME SHANTEL CLARKE NAME 3020 NE 47TH STREET STREET ADDRESS STREET ADDRESS 1736 NW 91ST AVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 FORT LAUDERDALE FL 33308 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Alfred 6

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

1/15/01 954 524-6263 Date Destine Phone # CR2E034 (10/

☐ Addition

☐ Addition

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☐ Change