

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90598 034 ****50.00

DOCUMENT # **L01000010908**

1. Entity Name

ALVIS ENTERPRISES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1230 S.W. 126 Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33184

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Pedro Romero

Street Address (P.O. Box Number is Not Acceptable)
1230 S.W. 126 Place

City Miami FL Zip Code 33184

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.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/M Pedro Romero 1230 S.W. 126 Place Miami, Florida 33184	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/M Gilbert Hevia 5310 N.W. 104 Avenue #108 Miami, Florida 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M David Everett Marko 3001 S.W. Third Avenue Miami, Florida 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Miguel M. de la O 3001 S.W. Third Avenue Miami, Florida 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Miguel M. de la O

5/1/02

305-285-2000

Date

Daytime Phone #

CR2E083B (12/01)