FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90756 011 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010968

1. Entity Name
ALVIS ENTERPRISES, LLC

Principal Place of Business	Mailing Address
1230 S.W. 126 PLACE MIAMI, FL 33184	1230 S.W. 126 PLACE MIAMI, FL 33184

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3891799 — X Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROMERO, PEDRO 1230 S.W. 126 PLACE MIAMI, FL 33184	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when signing) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROMERO, PEDRO	NAME	
STREET ADDRESS	1230 SW 126 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33184	CITY-ST-ZIP	
TITLE	MGRS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HEVIA, GILBERT	NAME	
STREET ADDRESS	5310 NW 104 AVENUE #108	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARKO, DAVID E	NAME	
STREET ADDRESS	3001 SW THIRD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE LA O, MIGUEL M	NAME	
STREET ADDRESS	3001 SW THIRD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	
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-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: Pedro A. Romero 4/30/03 (305) 218-7348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #