

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90083 024 ***150.00

DOCUMENT # L90821

1. Entity Name
ALVYN'S ENTERPRISES, INC.

Principal Place of Business

POST OFFICE BOX 450222

MIAMI FL 33245-0222

US

204 E. INTERLAKE BLVD.

Mailing Address

POST OFFICE BOX 450222 16-4108

MIAMI FL 33245-0222 33116-4108

US



2. Principal Place of Business

3. Mailing Address

16-4108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE PLACID FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number **59-1234646**

Applied For

Not Applicable

Zip
33852

Country
HIGHLANDS

Zip
33116-4108

Country
DADE

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

ALVYN, ALVIN EDWARD
2301 SOUTHWEST 23RD TERRACE
MIAMI FL 33145

Name **ALVIN EDWARD ALVYN**

Street Address (P.O. Box Number is Not Acceptable)
1552 LAKE CLAY DR.

City **LAKE PLACID**

FL

Zip Code
33852

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 *Alvin Edward Alvyn*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/2002
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, 2002 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 **DPM** ☐ Delete
NAME **ALVYN, ALVIN EDWARD**
STREET ADDRESS **2301 S.W. 23RD TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **DPM** ☒ Change ☐ Addition
NAME **ALVYN, ALVIN EDWARD**
STREET ADDRESS **1552 LAKE CLAY DRIVE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **VTS** ☐ Delete
NAME **ALVYN, ALVIN EDWARD**
STREET ADDRESS **2301 SW 23RD TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VTS** ☒ Change ☐ Addition
NAME **ALVYN, ALVIN EDWARD**
STREET ADDRESS **1552 LAKE CLAY DRIVE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **VPS** ☐ Delete
NAME **TIEGER, PAULA R**
STREET ADDRESS **1432 SW 158 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Alvin Edward Alvyn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-531-0100
1/8/2002
863-699-9953
Date Daytime Phone #

CR2E034 (9/01)