

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90116 001 ***150.00
 05-17-2001 90116 002 *****8.75

DOCUMENT # M10475

1. Entity Name
ALVAREZ ROLL FORM CORPORATION

Principal Place of Business C/O JORGE F. ALVAREZ 2692 W 79 ST. HIALEAH FL 33016	Mailing Address C/O JORGE F. ALVAREZ 2692 W 79 ST. HIALEAH FL 33016
--	--

45000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3909 Commerce PK Suite, Apt. #, etc. #103	3. Mailing Address 3909 Commerce PK Suite, Apt. #, etc. #103
---	---

City & State Raleigh, NC	City & State Raleigh, NC	4. FEI Number 59-2508848	Applied For <input type="checkbox"/> Not Applicable
Zip 27610	Country USA	Zip 27610	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ALVAREZ, JORGE F
2463 PROVENCE CIRCLE
WESTON FL 33327

7. Name and Address of New Registered Agent
 Name **MARIA M ALVAREZ**
 Street Address (P.O. Box Number is Not Acceptable)
1860 SW 133 TERRACE
 City **MIRAMAR FL** Zip Code **33027**

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 **MARIA M ALVAREZ** Signature, typed or printed name of registered agent and title if applicable. *Maria M Alvarez* (NOTE: Registered Agent signature required when reinstating) DATE **4/30/01**

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, JORGE F 2463 PRAVENCE CIR WESTON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an officer like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **4/30/01** DAYTIME PHONE # **(919) 212-0310**

CR2E034 (10/00)