

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90339 002 ***158.75

DOCUMENT # M14635

1. Entity Name
ALFONVAR, INC.



Principal Place of Business
**5721 W. HALLANDALE BEACH BLVD.
HOLLYWOOD FL 33023**

Mailing Address
**5721 W. HALLANDALE BEACH BLVD.
HOLLYWOOD FL 33023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2662134**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MACDANIEL, JOHN'E ESQUIRE
ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD., #2975
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **SUELI CORREA**
Street Address (P.O. Box Number is Not Acceptable)
290-174TH STREET SUITE 2404
SW
City **SUNNY BEACH FL** Zip Code **33160**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	O	<input type="checkbox"/> Delete
NAME	VELASQUEZ, ALFONSO	
STREET ADDRESS	290-174TH STREET, SUITE 2103	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VELASQUES, CARLOS	
STREET ADDRESS	290-174TH ST., SUITE 2103	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALESQUEZ, MARIA T.	
STREET ADDRESS	290-174TH ST., SUITE 2103	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	S	<input type="checkbox"/> Delete
NAME	COREA, SUELI	
STREET ADDRESS	17375 COLLINS AVE #1702	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUELI CORREA	
STREET ADDRESS	290-174TH STREET STE 2404	
CITY-ST-ZIP	SUNNY BEACH FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

(305) 374-0700

Date

Daytime Phone #

CR2E034 (10/02)