

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90013 019 ***150.00

00043482

DO NOT WRITE IN THIS SPACE

DOCUMENT # M49097
 1. Entity Name
ALVARO & NUVIA ENTERPRISES, INC.

Principal Place of Business Mailing Address
206 SE 16th TERRACE **206 SE 16th TERRACE**
CAPE CORAL, FL 33990 **CAPE CORAL, FL 33990**

2. Principal Place of Business 3. Mailing Address
3741 Sunny Isles Blvd. **3741 Sunny Isles Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #183 **Suite #183**

City & State City & State
Sunny Isles, FL **Sunny Isles, FL**
 Zip Country Zip Country
33160 **USA** **33160** **USA**

4. FEI Number Applied For
59-2781779 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MEDINA, ALVARO
206 SE 16th TERRACE
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3741 Sunny Isles Blvd., Suite #183
 City State Zip Code
Sunny Isles **FL** **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
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<input type="checkbox"/> Delete
NAME	D MEDINA, ALVARO
STREET ADDRESS	206 SE 16th TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3741 Sunny Isles Blvd., Suite #183
CITY-ST-ZIP	Sunny Isles, 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	
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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Alvaro Medina* Date: 13/10/00 Daytime Phone #: 305 692 8508
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)