

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/26

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90503 046 \*\*\*150.00

**DOCUMENT # P00000063765**

1. Entity Name

M&L ALVAREZ HARVESTING, INC.



Principal Place of Business  
139 PALMETTO RIDGE DRIVE  
WINTER HAVEN FL 33880

Mailing Address  
POST OFFICE BOX 5545  
WINTER HAVEN FL 33880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

139 Palmetto Ridge Dr.

Suite, Apt. #, etc.

u

City & State

Winter Haven FL

Zip  
33880

Country  
USA

3. Mailing Address

P.O. Box 5545

Suite, Apt. #, etc.

City & State

Winter Haven FL

Zip  
33880

Country  
USA

4. FEI Number

59-3667251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 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	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, MAGDALENO	
STREET ADDRESS	139 PALMETTO RIDGE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALVAREZ, PAULA M	
STREET ADDRESS	139 PALMETTO RIDGE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALVAREZ, MAGDALENO	
STREET ADDRESS	139 PALMETTO RIDGE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
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	ALVAREZ, MAGDALENO	
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		
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)(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: *Magdalena Alvarez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVAREZ, Magdalena 3/19/01

Date

Daytime Phone #

CR2E034 (10/00)