

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90108 022 \*\*\*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  
**P.O. BOX 5545  
WINTER HAVEN FL 33880**

2. Principal Place of Business

**486 S HANKIN RD**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 5545**

Suite, Apt. #, etc.

City & State

**BARTOW, FL**

City & State

**Elorse, FL**

Zip  
**33830**

Country  
**USA**

Zip  
**33840**

Country  
**USA**

4. FEI Number

**59-3667251**

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

**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. 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	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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, MAGDALENO	
STREET ADDRESS	486 S HANKIN RD	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, PAULA M	
STREET ADDRESS	486 S HANKIN RD	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, MAGDALENO	
STREET ADDRESS	486 S HANKIN RD	
CITY-ST-ZIP	BARTOW, FL 33830	
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		

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: *Magdalena Alvarez***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(863)-207-2626**

CR2E034 (10/02)