

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

0146795

05-29-2001 90008 010 ***150.00

DOCUMENT # P00000080666

1. Entity Name

ALTAVISTA SUPPLIES CORPORATION

Principal Place of Business

**180 NW 25TH STREET
 MIAMI FL 33127**

Mailing Address

**180 NW 25TH STREET
 MIAMI FL 33127**

000741

2. Principal Place of Business

3. Mailing Address

4310 SW 137th
 Suite, Apt. #, etc.

PO Box 557401
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

05-1036998

Applied For

Not Applicable

Zip

33175

Country
USA

Zip

33255

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, MARIA E
 180 NW 25TH STREET
 MIAMI FL 33127**

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 *X [Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

4/4/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **MARTINEZ, MARIA E**
 STREET ADDRESS **180 NW 25TH STREET**
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE **LESTER LINARES** Change Addition
 NAME **DIRECTOR**
 STREET ADDRESS **4310 SW 137th**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VSTD** Delete
 NAME **BARRERA, RENE A**
 STREET ADDRESS **180 NW 25TH STREET**
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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: *X [Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/01

CR2E034 (10/00)

Attachment

660741

P00000080666

May 22, 2001

Florida Department of Revenue
Division of Corporations
PO Box 1500
Tallahassee, FL 32302

Alta Vista Supplies Corporation
PO Box 557401
Miami, FL 33255


RE: Document # P00000080666

Dear Sir or Madam,

Please excuse our tardiness in sending the business uniform report. I am now aware that there is a late filing penalty after May 01. I just purchased this corporation and I was out of the country. I was not aware of the filing of this report. Please waive the penalty and accept the enclosed check of \$150.00 to renew the corporation.

I appreciate your cooperation in this manner.

Sincerely,


Maria Elena Martinez