

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90139 027 \*\*\*150.00

NON-PAID

**DOCUMENT # P0000080666**

1. Entity Name  
**ALTAVISTA SUPPLIES CORPORATION**

Principal Place of Business      Mailing Address

**4310 SW 137 CT**      **PO BOX 557401**  
**MIAMI FL 33175**      **MIAMI FL 33255**



2. Principal Place of Business      3. Mailing Address

**3221 SW 47 Ave**      Suite, Apt. #, etc. **Same**

City & State **Hollywood FL**      City & State **Same**

Zip **33023**      Country      Zip      Country

4. FEI Number **65-1036998**      Applied For  Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3221 SW 47 Ave**  
 City **Hollywood**      FL      Zip Code **33023**

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]*      DATE **3/12/02**

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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 <b>PD</b> <input type="checkbox"/> Delete	NAME <b>MARTINEZ, MARIA E</b>
STREET ADDRESS <b>4310 SW 137 CT</b>	CITY-ST-ZIP <b>MIAMI FL 33175</b>
TITLE <b>VD</b> <input checked="" type="checkbox"/> Delete	NAME <b>GODIN, EDITH</b>
STREET ADDRESS <b>4310 SW 137 CT</b>	CITY-ST-ZIP <b>MIAMI FL 33175</b>
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 <b>(Address only)</b>
STREET ADDRESS	CITY-ST-ZIP <b>3221 SW 47 Ave, Hollywood FL</b>
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: *[Signature]*      DATE **3/12/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

03E034 (9/01)