

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90066 026 \*\*\*150.00

DOCUMENT # PD 1000016273

1. Entity Name  
Streetz Entertainment, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

750 Orange Blossom Trail

3. Mailing Address

4630 S. Kirkman Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 234

Suite #145

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32805

USA

32811

USA

4. FEI Number

65-1089229

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Gilbert R. Alvarez

Street Address (P.O. Box Number is Not Acceptable)

750 Orange Blossom Trail Suite 234

City

Orlando

FL

Zip Code

32805

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	President Gilbert R. Alvarez 4630 S. Kirkman Rd #145 Orlando, FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Alfonso J. Alvarez 7324 SW 158 AVE Miami, FL 33193
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfonso Alvarez - Vice President

4/30/02

Date

305-803-2322

Daytime Phone #