2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED Jun 09, 2003 8:00 am Secretary of State

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05-01-2003 90829 039 ***150.00 P02000015036 DOCUMENT # 1. Entity Name ALVAR, INC. Principal Place of Business Mailing Address 4501 WEST MCNAB ROAD 4501 WEST MCNAB ROAD SUITE 15 SUITE 15 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Co M.K. Summitt, Esq. 1005 Whitehawk Suite, Apt. # etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES P.O. Box 23 City & State 4. FEI Number Applied For FT. LAUDERDALE, FL ANTA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3307 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUMMITT, MARILYN K ESQ. Street Address (P.O. Box Number is Not Acceptable) 4501 WEST MCNAB ROAD SUITE 15 POMPANO BEACH FL 33069 City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete D,S TITLE Le Change Addition CR2E034 (10/02) NAME MILLER, JOHN E NAME 11005 WHITEHAWK STREET STREET ADORESS STREET ADDRESS PLANTAITON FL 33324 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITE 6 (D) Change PROFFITT, SHAWN NAME PROFITT: SHAWN R NAME STREET ADDRESS 2169 TORTOISE SHELL DRIVE 609 Brookfield Place STREET ADDRESS City-St-7IP MAITLAND FL 32751 CITY-ST-ZIP toroka Fz 32712 TITLE Delete__ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

CAMATERIA. SIGNATURE AND TYPED OR PRINTED NAME (EXEMPTING OFFICER OR DIRECTOR

HACMMENT #4003889

MARILYN K. SUMMITT, P.A.

Post Office Box 23817 Fort Lauderdale, FL 33307

Telephone: 954-978-3155 Facsimile: 954-978-1230

E-mail: MKSummittPA@aol.com

A Professional Association

June 3, 2003

Florida Department of State **Division of Corporations** PO Box 1500 Tallahassee, FL 32302-1500

2003 Form UBR for "Alvar, Ind" - P0200015036

Dear Sir or Madam:

In accordance with your letter dated May 14, 2003, enclosed for filing is the corrected copy of the year 2003 UBR for ALVAR, INC. Since this corporation has had little activity, it had not previously applied for a federal employer identification number (FEI). At this time an application is being submitted by the company's accountant, and the box numbered "4" on the UBR has been checked to indicate the applied for selection. Please now file the UBR as corrected.

In the event you have any additional questions, please do not hesitate to contact me. I appreciate your continuing cooperation and assistance in these matters.

Yours very truly,

MARILYN K. SUMMITT, P.A.

M. Kay Summitt. Esq.

For the Firm.

Enclosures: Corrected Copy of UBR

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