2003 FOR PROFIT CORPORATION

P02000021364

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

ALVAREZ PROPERTY SERVICES, INC.



FILED May 01, 2003 8:00 am & Secretary of State

05-01-2003 90248 018 ***150.00

					000 WE 18					
	ce of Business NBURG RD STE E-5 619	501 9	Mailing Address 501 S FALKENBURG RD STE E-5 TAMPA FL 33619							
}										
2. Principal F	Place of Business	3. Ma	3. Mailing Address						OUR HÀNN HHIOT	8) 5
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	te	City	City & State			4.	FEI Number 59 374803		<u></u>	pplied For
Zip	Country		Zip		Country		Certificate of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Cu	rrent Registere	d Agent		======	77	Name and Address of New Re			
					Name			.9	<u> </u>	
	alfonso Lkenburg RD STE E-5		Street Add			ss (P.O. Box Number is Not Acceptable)				
TAMPA FL										
·					City			FL	Zip Cod	le
	e named entity submits this statem tions of registered agent.	ent for the purp	pose of changing its	register	ed office or regi	istered ag	ent, or both, in the State of Flor	ida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered	agent and title if app	plicable, (NOT	E: Registere	d Agent signature req	quired when re	einstating)	DATE		
· F	ILE 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 Fina Trust Fund Contribution		\$5.0 Addec	00 May Be d to Fees
10.	OFFICERS AND DIRECTORS				····	AD	I DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE	DPS	<u></u>	☐ Delete	TITL	E		<u></u>		☐ Change	☐ Addition
NAME	ALVAREZ, ALFONSO			NAM	- ,				•	
STREET ADDRESS CITY-ST-ZIP	1804 BRYAN RD BRANDON FL				ET ADDRESS - ST-ZIP					
TITLE	DV			TITL			<u> </u>		Change	Addition
NAME	REYES, MARCUS A		☐ Délete	NAM	I				CJ Onlinge	
STREET ADDRESS	5814 HERONRISE CRESCEN	IT DR			ET ADORESS					
CITY-ST-ZIP	LITHIA FL 33547	<u> </u>	<u> </u>		-ST-ZIP					
TITLE NAME			☐ Delete	TITLI	J				☐ Change	Addition
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					}
TITLE			☐ Delete	TITLE					Change	Addition
NAME				NAM	I					,
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITLE					Change	Addition
NAME			TT DRIKE	NAM	l.					
STREET ADDRESS					ET ADDRESS					•
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE	l l				☐ Change	☐ Addition
NAME				NAM	f.					
STREET ADDRESS			_		ET ADDRESS					{

SIGNATURE:

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 emplowered to secute 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 offer like empowered.