2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P94000003278** ALBERTO ALVERIO, P.A. 04-27-2000 90107 015 ***158.75 Principal Place of Business Mailing Address 13TH STREET 541 13TH STREET SUITE 12 BEACH FL 33139 MIAMI BEACH FL 33139-4034 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. EEI Number 59-3217766 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALVERIO, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 8641 RIDGEMAR CT ORLANDO FL 32818 Zip Code City · FL 🗈 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change □ Detete TITLE Preston, Keith.R NAME ALVERIO, ALBERTO 541 13th st. stell STREET ADDRESS STREET ADDRESS 541 13TH ST STE 12 miami Bch, FL 33139 CITY-ST-ZIP DIT: ST-ZIP MIAMI BCH FL 33139 ☐ Delete TITLE Change ☐ Addition HILL NAME STREET ADDRESS STREET ADDRESS DITT: ST ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST-ZIP Change Addition THLE □ Delete NAME STREET ADDRESS .a. . Anneešš CITY-ST-ZIP ST-ZIP ☐ Change Addition HILL ☐ Delete TITLE NAME PERROPE LANGE STREET ADDRESS CITY-ST-ZIP ☐ Delete Change ☐ Addition HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

i3. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alberto Alveris P. 4/19/2000

(66/6)

CR2E034