## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P94000003278 1. Entity Name ALBERTO ALVERIO, P.A. 04-17-2002 90179 032 \*\*\*158.75 Principal Place of Business Mailing Address 1552 EUCLID AVENUE 1552 EUCLID AVENUE SUITE D SUITE D MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 8/6 NE 28<sup>44</sup> S4. 3. Mailing Address 816 NE 28 HSL DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Manors 59-3217766 Not Applicable Country' \$8.75 Additional 5. Certificate of Status Desired Brow ard Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ŧ ALVERIO, ALBERTO 1552 EUCLID AVENUE SUITE D MIAMI BEACH FL 33139 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ALBERTO Alverio 816 NE 28th of TITLE TITLE ☐ Delete Change Addition NAME ALVERIO, ALBERTO NAME STREET ADDRESS 1552 EUCLID AVENUE STREET ADDRESS wilton manors, FL 33334 CITY-ST-ZIP MIAMI BCH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change EE GARVIN NAME NAME 816 NE 2844 St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE:

changed, or on an attachment with an address, with

Alberto Alveris president

e empowered

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