

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90461 024 ***550.00

DOCUMENT # **994000055968**
1. Entity Name
ALWET, INC.

Principal Place of Business
**1685 NE 123 ST
N. MIAMI, FL 33181**
Mailing Address
**1685 NE 123 ST.
N. MIAMI, FL 33181**

00068227

2. Principal Place of Business
16347 RAVENWOOD PL.
Suite, Apt. #, etc.
3. Mailing Address
16347 RAVENWOOD PL
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES, FL
Zip
33014
Country
USA

4. FEI Number
65-0508956
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
JULIO C. PEREZ
Street Address (P.O. Box Number is Not Acceptable)
16347 RAVENWOOD PLACE
City
MIAMI LAKES FL Zip Code
33014

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 **JULIO C. PEREZ** (NOTE: Registered Agent signature required when reinstating) DATE **06-28-00**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JULIO C 1685 NE 123 ST MIAMI, FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JULIO C. PEREZ 16347 RAVENWOOD PLACE MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: **JULIO C. PEREZ** Date **06-28-00** Daytime Phone # **305-2319888**

CR2E034 (9/99)