

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90117 004 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000094143**

1. Entity Name  
**ALVAREZ-SCHWARZ CORP.**

|   |  |
|---|--|
| Principal Place of Business<br><b>700E DANIA BCH BLVD</b><br><b>202</b><br><b>DANIA FL 33004</b><br><b>US</b> | Mailing Address<br><b>700 E DANIA BCH BLVD</b><br><b>202</b><br><b>DANIA FL 33004</b><br><b>US</b> |
|---|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>10235 NW 4TH CT</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>6235 NW 4TH CT</b><br>Suite, Apt. #, etc. |
|---|--|

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><b>PLANTATION FL</b> | City & State<br><b>PLANTATION FL</b> |
| Zip<br><b>33324</b>                  | Country<br><b>USA</b>                |

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0626821</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**ALVAREZ, ANDRE**  
**10235 NW 4TH CRT**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |  |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|---|--|

11. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>ALVAREZ, ANDRE</b><br><b>10235 NW 4 CT</b><br><b>PLANTATION FL 33324</b> <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPSD</b><br><b>SCHWARZ, ANNE-MARIE</b><br><b>10235 NW 4TH CRT</b><br><b>PLANTATION FL 33324</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: ALVAREZ **REQUIRE** ALVAREZ **President** 4/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)