

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000045572**

1. Entity Name

ALVINDA CORP. INC.

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90316 045 \*\*\*150.00

Principal Place of Business 1270 GULF BLVD APT 1403 CLEARWATER FL 33767	Mailing Address 1270 GULF BLVD APT 1403 CLEARWATER FL <del>34680</del> 33767
--	---

4182



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>same as above</i>		3. Mailing Address		4. FEI Number 59-3386100		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	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.			
33767		33767		SIGNATURE <i>Linda Locascio</i> DATE <i>4/22/01</i>			

6. Name and Address of Current Registered Agent EMRENBURG, LINDA L 1270 GULF BLVD APT 1403 CLEARWATER FL 34680-33767		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33767	
--	--	---	--

8. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--	--	---	--

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--	--	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOCASCIO, LINDA		NAME		
STREET ADDRESS	1270 GULF BLVD, APT 1403		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 32-33767		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 changed, or on an attachment with an address, with all other like empowered.		SIGNATURE: <i>Linda Locascio</i> DATE: <i>5/15/01</i> 727-596-7189	
---	--	--	--

CR2E034 (10/00)