

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90130 010 ***150.00

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DOCUMENT # P96000045572

1. Entity Name
ALVINDA CORP. INC.



Principal Place of Business
**1390 GULF BLVD.
#604
CLEARWATER FL 33767**

Mailing Address
**1390 GULF BLVD.
#604
CLEARWATER FL 33767**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3386100**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EHRENBURG, LINDA
1350 GULF BLVD.
#604
CLEARWATER FL 33767

Name **LINDA LO CASCIO**
Street Address (P.O. Box Number is Not Acceptable) **1390 GULF BLVD #604**
CLEARWATER
City **FL** Zip Code **33767**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda Lo Cascio

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LOCASCIO, LINDA**
STREET ADDRESS **1270 GULF BLVD, APT 1403**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **P** ☒ Change ☐ Addition
NAME **LOCASCIO, LINDA**
STREET ADDRESS **1390 GULF BLVD #604**
CITY-ST-ZIP **CLEARWATER, FL. 33767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Lo Cascio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/03

727-596-7189

CR2E034 (10/02)

Attachment

90078191

#P96000045572

Please note:
Address on form
is incorrect.

1350 N

address is:

1390 and

name is LINDA LOCASCIO

Thank you