

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046281

1. Entity Name

ALVAND CORPORATION

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90395 001 \*\*\*\*\*8.75

04-26-2000 90395 002 \*\*\*150.00

Principal Place of Business 3623 NW 36 STREET MIAMI FL 33142	Mailing Address 3623 NW 36 STREET MIAMI FL 33142-4913
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0668818**

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACHUCA, CARMELO F  
 3623 NW 36 STREET  
 MIAMI FL 33142

Name CARMELO F. MACHUCA

Street Address (P.O. Box Number is Not Acceptable)

3623 NW 36 ST

City MIAMI **FL** Zip Code 33142

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/2000

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	PD	<input checked="" type="checkbox"/> Delete
NAME	TABORDA, SILVIA N	
STREET ADDRESS	3623 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMELO F. MACHUCA	
STREET ADDRESS	3623 NW 36 ST	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MACHUCA, CARMELO F	
STREET ADDRESS	3623 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVIA N. TABORDA	
STREET ADDRESS	3623 NW 36 ST	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000 305-636-0909

Date

Daytime Phone #

CR2E034 (9/99)