

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90093 026 \*\*\*150.00

**DOCUMENT # P96000082361**

1. Entity Name

**ALFAVEN, INC.**

Principal Place of Business

**3230 TOMAHAWK DRIVE  
 KISSIMMEE FL 34746**

Mailing Address

**3230 TOMAHAWK DRIVE  
 KISSIMMEE FL 34746-4888**

2. Principal Place of Business

**3219 Bearclaw Way**  
 Suite, Apt. #, etc.

3. Mailing Address

**3219 Bearclaw Way**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Kissimmee, FL**

City & State

**Kissimmee, FL**

4. FEI Number

**59-3391770**

Applied For

Not Applicable

Zip

**34746**

Country

**U.S.A.**

Zip

**34746**

Country

**U.S.A.**

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

**SMITH, FEDERICO C  
 3230 TOMAHAWK DRIVE  
 KISSIMMEE FL 34746**

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

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

(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)

**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD SMITH, FEDERICO C 3230 TOMAHAWK DRIVE KISSIMMEE FL 34746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3219 Bearclaw Way Kissimmee, FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD SMITH, LUISA A 3230 TOMAHAWK DRIVE KISSIMMEE FL 34746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3219 Bearclaw Way Kissimmee, FL 34746</b>
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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:

**Luisa Smith**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-24-00**  
 Date

**407-3900528**  
 Daytime Phone #

CR2E034 (9/99)