

2003
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086463

1. Entity Name
ALCO TECHNOLOGIES, INC.

FILED

03 DEC -8 AM 10:57

Principal Place of Business
1448 NW 158 Lane
Pembroke Pines, FL 33028

Mailing Address
9900 STIRLING Rd
Ste 211
Cooper City FL 33024

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
9900 STIRLING Rd
Suite, Apt. #, etc.
Ste 211

3. Mailing Address
9900 STIRLING Rd
Suite, Apt. #, etc.
Ste 211

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

City & State
Cooper City FL
Zip
33024

City & State
Cooper City FL
Zip
33024

4. FEI Number
65-0699499
Applied For
Not Applied

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

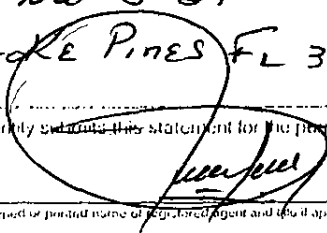
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVELYN ALVAREZ
15899 NW 5 St
Pembroke Pines FL 33028

Name
FERNANDO SILVA
Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19 Ave
Ste C
City N. Miami Beach FL Zip Code 33162

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 (if applicable)

(DATE: Registered Agent signature required when reinstating)

DATE

12/4/03

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPS
JESUS D. ALVAREZ
15899 NW 5 St
Pembroke Pines FL 33028 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LIST

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
ZULLY ALVAREZ
16700 HETTINGWAY DR
WESTON FL 33026 ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

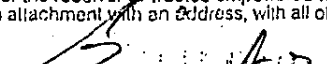
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

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 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

12/4/03

December 4, 2003

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Reports Filings
P. O. Box-1500
Tallahassee FL 32302-1500

Ref.: ALCO TECHNOLOGIES, INC.
P96999986463

Dear Sir or Madam:

I would like to let you know that we HAVE NOT RECEIVED ANY FORM BY MAIL to renew the Corporation for the year 2003. I made a copy from blank form to try to accomplish with the State Law, please accept my check without penalty.

Take on count that it was not my fault if I did not receive the renewal by mail, only I am trying to comply with the Corporate Renewal for this year.

Please waive any fine.

Cordially,


Zuly Alvarez
President