2003

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086463

1. Entity Name
ALCO TECHNOLOGIES, INC.

FILED
03 DEC -8 AM 10:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1448 NW 158 Lane Pembroke Pines, FL 33028	9900 Stirling Rd Ste 211 Cooper City FL 33024

REINSTATEMENT 07
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9900 Stirling Rd	9900 Stirling Rd
Suite, Apt. #, etc.: Ste 211	Suite, Apt. #, etc.: Ste 211
City & State: Cooper City FL	City & State: Cooper City FL
Zip: 33024 Country:	Zip: 33024 Country:

4. FEI Number: 65-0699499 ☐ Applied For ☐ Not Applic.

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] 12/4/03
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 $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 I Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS Jesus D. Alvarez 15899 NW 5 St Pembroke Pines FL 33028 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Zully Alvarez 16700 Hemingway Dr Weston FL 33026 ☐ Change ☑ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600025329546 12/08/03--01083--006 **150.00 ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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 informat 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 direc 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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