

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90425 025 \*\*\*1.50.00

**DOCUMENT #** P970008-77925

1. Entity Name  
**IMMIGRANT SERVICE CENTER, INC.**  
193 S. State Road 7  
Margate, FL 33068

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business Suits, Apt. #, etc. <u>see above</u>		3. Mailing Address Suits, Apt. #, etc. <u>same</u>		4. FEI Number <u>65-0798511</u>		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	7. Name and Address of Current Registered Agent			

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IN THIS SPACE**

Name: \* Marco A. Alvarado MCA \*

Street Address (P.O. Box Number is Not Acceptable):  
193 S. State Road 7

City: Margate, FL 33068 State: 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: Marco Alvarado DATE: 4/10/2002

Signature, name of principal or director of registered agent and date is applicable. (NOTE: Registered Agent signature required when mandated.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$250.00  
Amended UBR is \$61.95  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Marco A. Alvarado</u> <u>IMMIGRANT SERVICE CENTER, INC.</u> <u>193 S. State Road 7</u> <u>Margate, FL 33068</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(X), 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 an attachment with an address, with all other like empowered.

SIGNATURE: Marco Alvarado DATE: 4/10/2002 OFFICE PHONE: (954) 968-1545

SIGNATURE AND TYPED OR PRINTED NAME OF MAJOR OFFICER OR DIRECTOR

CR2ED94B (12/01)