2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000087997** May 10, 2000 8:00 am Secretary of State ALVARADO INTERNATIONAL, INC. 05-10-2000 90102 005 ***150.00 Mailing Address Principal Place of Business 7962 NW 7 CT 7962 NW 7 CT **PLANTATION FL 33324-1492** PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0786987 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALVARDO, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 7962 NW 7 CT PLANTATION FL 33324 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Detete TITLE ALVARADO, CHRISTINE NAME NAME STREET ADDRESS 7962 NW 7 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33324 ☐ Change ☐ Addition ☐ Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Oelete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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. changed, or on an attachment

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE NAME

Change

Addition