

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

DOCUMENT # *P98000043331*

1. Entity Name

Alvaco USA Inc

FILED

02 DEC 11 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12300 SW 51 ST

3. Mailing Address

12300 SW 51 ST

Suite, Apt. #, etc.

BARN

Suite, Apt. #, etc.

BARN

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33175

Country

USA

Zip

33175

Country

USA

4. FEI Number

650856560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Orlando Alvarez

Street Address (P.O. Box Number is Not Acceptable)

12300 SW 51 ST

BARN

City

MIAMI

FL

Zip Code

33175

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/06/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
*PD
ALVAREZ, ORLANDO
12300 SW 51 ST - BARN
MIAMI FL 33175*

TITLE
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7000009471537
*12/11/02--01060--003 **150.00*

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

Orlando Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/06/02 (305) 223-1648

CR2E034B (12/01)

December 5, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: P98000043331

Attn: Renewal Dept:

Gentlemen:

In reference to the above mentioned corporation, please be advised that we never received the renewal notice.

We contacted your renewal department and they advised us to write a letter and specify what happened and to submit the original annual fee and you would renew the corporation.

Your cooperation in this matter is anticipated and appreciated.

Thank you,

Orlando Alvarez
President