

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90147 040 ***150.00

0060075 AV

DOCUMENT # P98000043331

1. Entity Name

ALVACO USA, INC.



Principal Place of Business

12300 SW 51 ST
BARN
MIAMI FL 33175

Mailing Address

12300 SW 51 ST
BARN
MIAMI FL 33175

2. Principal Place of Business

2555 Collins Ave

3. Mailing Address

2555 Collins Ave

Suite, Apt. #, etc.

1909

Suite, Apt. #, etc.

1909

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33140

Country

US

Zip

33140

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0856560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, ORLANDO

12300 SW 51 ST

BARN

MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

Orlando Alvarez

Street Address (P.O. Box Numbers Not Acceptable)

2555 Collins Ave # 1909

FL

City

Miami Beach

FL

Zip Code

33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ORLANDO	
STREET ADDRESS	12300 SW 51 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

80135650

July 31, 2003

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

Re: P980000433331.

Gentlemen:

In reference to the above mentioned corporation enclosed please find the renewal application due to the fact I never received the renewal report furnished by your office in which I could renew for 150.00.

I am enclosing 150.00 in order to renew my corporation.

Thank you,

A handwritten signature in black ink, appearing to read "Orlando Alvarez", with a long horizontal flourish extending to the right.

Orlando Alvarez
President
2555 Collins Avenue
Apt 1909
Miami Beach, FL 33140