

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068366

1. Entity Name

STREET DWELLAZ PROMOTIONS, INC.

Principal Place of Business

6001 NW 153 STREET
SUITE F
MIAMI LAKES FL 33014

Mailing Address

8004 NW 154TH STREET
#396
MIAMI LAKES FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ALVANEZ, ALFONSO
10500 SW 155 CT #10-211
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

Alvarez, Alfonso J.

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

7324 SW 158 AVE

City

Miami

FL

Zip Code

33193

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.

(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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 P
NAME ALVANEZ, ALFONSO J. ☐ Delete
STREET ADDRESS 10500 SW 155 CT #10-211
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Alvarez, Alfonso J.
STREET ADDRESS 7324 SW 158 AVE
CITY-ST-ZIP Miami, FL 33193

TITLE VP ☐ Change ☒ Addition
NAME Alvarez, Gilbert
STREET ADDRESS 4731 Walden Circle Apt #176
CITY-ST-ZIP Orlando, FL 32811

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Alfonso J. Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Date

305-823-7322

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90229 009 ***150.00

00050392



DO NOT WRITE IN THIS SPACE

0099617

CR2E034 (10/00)