

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086074

1. Entity Name

CORVEMCA ENTERPRISES, INC.

FILED

Mar 13, 2000 8:00 am  
Secretary of State

03-13-2000 90018 023 \*\*\*150.00

Principal Place of Business

Mailing Address

~~924 E. SAMPLE ROAD  
POMPANO BEACH FL 33069~~

~~924 E. SAMPLE ROAD  
POMPANO BEACH FL 33069-5131~~

2. Principal Place of Business

3. Mailing Address

9671 Aloe Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Boynton Beach, FL

4. FEI Number

65-0871306

Applied For

Not Applicable

Zip

Country

Zip

Country

33436

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FILINGS, INC.  
3732 N.W. 10TH STREET  
FT. LAUDERDALE FL 33311-4402~~

Name

Nelson Alfonso

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

9671 Aloe Road

City

Boynton Beach

FL

Zip Code

33436

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

03-08-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ALFONZO, N R  
CITY-ST-ZIP ~~924 E. SAMPLE ROAD  
POMPANO BEACH FL 33069~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9671 Aloe Road  
CITY-ST-ZIP Boynton Beach, FL 33436

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
NELSON ALFONSO

03/08/2000  
Date

561-325 942;  
Daytime Phone #

CR2E034 (9/99)