

2000 UNIFORM BUSINESS REPORT (UBR)

8.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-08-2000 90089 005 ***150.00

DOCUMENT # P99000020974

1. Entity Name

ALFARO BASTER CORPORATION

P

Principal Place of Business
 19320 S.W. 118TH AVENUE
 MIAMI FL 33177

Mailing Address
 19320 S.W. 118TH AVENUE
 MIAMI FL 33177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18505 SW 104 AVE

3. Mailing Address
18505 SW 104 AVE

Suite, Apt. #, etc.

BAY # 9

Suite, Apt. #, etc.

BAY # 9

City & State

Miami

City & State

Miami

4. FEI Number

65-0909969

Applied For

Not Applicable

Zip

33157

Country

FL

Zip

33157

Country

FL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASTER, ENRIQUE
 19320 S.W. 118TH AVENUE
 MIAMI FL 33177

Name

ENRIQUE BASTER

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

18505 SW 104 AVE

City

Miami

FL

Zip Code

33157

7. Name and Address of New Registered Agent

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]

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

(NOTE: Registered Agent signature required when reinstating)

08/26/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | D | <input type="checkbox"/> Delete |
| NAME | ALFARO, PEDRO | |
| STREET ADDRESS | 11400 S.W. 196TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BASTER, ENRIQUE | |
| STREET ADDRESS | 19320 SW 118TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33177 | |
| 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 | | |

12. 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 | | |

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/04/00 (786) 242-2280

Date

Daytime Phone

CP2E034 (5/00)

Attachment
#099000020974
108067

ALFARO BASTER CORP

18505 SW 104 AVE BAY #9

MIAMI, FL 33157

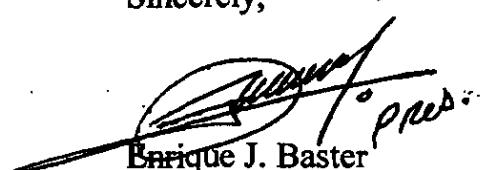
Tel. (786) 242-2280

August 2nd, 2000

To: Florida Department of State,
Division of Corporations

We never received the first notice for payment of 2000 Uniform Business Report. We request a waiver of the \$400 late fee. Your assistance in this matter is greatly appreciated.

Sincerely,


Enrique J. Baster
President, Alfaro Baster Corp.

Copy to:
File