

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026655

1. Entity Name

VIVIANA ALVADO MANUFACTURER OF LEATHER, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90264 029 ***150.00

Principal Place of Business

2290 N. COUNTY ROAD
STE 140
LONGWOOD FL 32750

Mailing Address

2290 N. COUNTY ROAD
STE 140
LONGWOOD FL 32750

2. Principal Place of Business

3340 S. Hwy 17-92
Suite, Apt. #, etc.

3. Mailing Address

3340 S. Hwy 17-92
Suite, Apt. #, etc.

City & State

Casselberry FL

City & State

Casselberry FL

4. FEI Number

59-2975201

Applied For

Not Applicable

Zip

32707

Country

Seminole

Zip

32707

Country

Seminole

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVADO, VIVIANA
2290 N. COUNTY ROAD 427
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

ALVADO, VIVIANA

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

3340 S. Hwy 17-92

City

Casselberry

FL

Zip Code

32707

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, 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

TITLE D ☐ Delete
NAME ALVADO, VIVIANA
STREET ADDRESS 2290 N. COUNTY ROAD, SUITE 140
CITY-ST-ZIP LONGWOOD FL 32750

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 D ☒ Change ☐ Addition
NAME ALVADO, VIVIANA
STREET ADDRESS 3340 S. Hwy 17-92
CITY-ST-ZIP Casselberry, FL 32707

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

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:

Viviana Alvado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-2000 (407)-417-3944

Date

Daytime Phone #

CR2E034 (9/99)