1082

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 19 AM 8:00

DOCUMENT # P99000081500

1. Entity Name

ALVAREZ & ASSOCIATES INVESTIGATIONS & PROCESS SERVERS, INC.

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

800025650288
12/19/03--01055--014 **550.00
DO NOT WRITE IN THIS SPACE

MRS

2. Principal Place of Business	3. Mailing Address
12063 SW 131 AVENUE	12063 SW 131 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. FEI Number 65-0986701 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ALVAREZ, NELSON A

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

12063 SW 131 AVENUE

City: MIAMI FL Zip Code: 33186

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	D Alvarez, Nelson A. 12063 SW 131 Avenue Miami, Fl 33186
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CERTIFIED COPY

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 11/24/03 Date 305-7907103 Daytime Phone Number

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ALVAREZ & ASSOCIATES INVESTIGATIONS
& PROCESS SERVERS, INC.
12063 SW 131 Avenue
Miami, Fl. 33186

November 24, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

RE: Alvarez & Associates Investigations & Process Servers, Inc..
Doc #P99000081500
FEI # 65-0986701

Dear Sir/Madam:

This is to inform you that we never received the annual report form year 2003, you have the wrong address in your records, please waive the fees since we did not get the report form to file it on time.

These instructions were given to me by phone today by: Mr. Michelle Milligan please find enclose necessary corrections to the report and check enclosed for the year 2003 for the amount of $150.00

Sincerely,

Nelson A. Alvarez.
President