

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90099 043 \*\*\*150.00

**DOCUMENT # P99000095868**

1. Entity Name  
**ALMAR ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

1283 NW 192ND WAY  
 PEMBROKE PINES FL 33029

1283 NW 192ND WAY  
 PEMBROKE PINES FL 33029-4518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**1283 NW 192ND WAY**  
 City & State  
**Pembroke Pines, FL**

Suite, Apt. #, etc.  
**1283 NW 192ND WAY**  
 City & State  
**Pembroke Pines, FL**

Zip  
**33029** Country  
**USA**

Zip  
**33029** Country  
**USA**

4. FEI Number  
**65-0964836**

Applied For  
 Not Applicable

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

**ALVIRA, WALDEMAR JR**  
**1283 NW 192ND WAY**  
**PEMBROKE PINES FL 33029**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>ALVIRA, WALDEMAR JR</b> <b>1283 NW 192ND WAY</b> <b>PEMBROKE PINES FL 33029</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Alvira Waldemar Jr. **ALVIRA, WALDEMAR JR. President** 20 APR 2000 954-935-5328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00000000



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)