

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S95919

1. Entity Name

AL'S COURIER AND SERVICES CORP.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90068 026 \*\*\*150.00

Principal Place of Business

2401 COLLINS AVE #1509  
MIAMI BEACH FL 33140

Mailing Address

2401 COLLINS AVE #1509  
MIAMI BEACH FL 33140-4799

2. Principal Place of Business

5255 COLLINS AVE.

Suite, Apt. #, etc.

2B

3. Mailing Address

5255 COLLINS AVE.

Suite, Apt. #, etc.

2B

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

4. FEI Number

65-0314561

Applied For

Not Applicable

Zip

33140

Country

MIAMI-DADE

Zip

33140

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, ELSIE  
2401 COLLINS AVE.  
#1509  
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

ELSIE ALVAREZ

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

5255 COLLINS AVE. #2B

City

MIAMI BEACH

FL

Zip Code  
33140

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 ☐ Delete  
NAME D  
STREET ADDRESS ALVAREZ, ELSIE  
CITY-ST-ZIP 2401 COLLINS AVE #1509  
MIAMI BEACH FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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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: ELSIE ALVAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000 (305)864-3320

Date

Daytime Phone #

CR2E034 (9/99)