2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90184 046 ***158.75

0185229

DOCUMENT # J47617

1. Entity Name
WOLFBERG/ALVAREZ AND PARTNERS, INC.

Principal Place of Business	Mailing Address
% MARY LOU RODON-ALVAREZ, ESQ. 890 S. DIXIE HWY CORAL GABLES FL 33146-2603	% MARY LOU RODON-ALVAREZ, ESQ. 890 S. DIXIE HWY CORAL GABLES FL 33146-2603

00052204

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2222 Ponce de Leon Blvd	Same
Suite, Apt. #, etc.: Penthouse	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State
Zip: 33134 / Country: USA	Zip / Country

4. FEI Number 59-1713092 ☐ 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
RODON-ALVAREZ, MARY LOU RICE FOWLER 2222 PONCE DE LEON BLVD CORAL GABLES FL 33134	Name: RODON-ALVAREZ, MARY LOU Street Address (P.O. Box Number is Not Acceptable): SCHREIBER RODON-ALVAREZ 2222 Ponce De Leon Blvd, PH City: Coral Gables, FL Zip Code: 33134

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLFBERG, DAVID A. 5960 SW 57TH AVE MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1500 San Remo Avenue Suite 300 Coral Gables Florida 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, JULIO E. 5960 SW 57TH AVE MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1500 San Remo Avenue Suite 300 Coral Gables Florida 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Julio [signature] 4-27-01 (305) 666-5474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #