

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G45438**

1. Entity Name

**ALVARO I. MARTINEZ, M.D., INVESTMENT CORP.**

*R*

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90003 047 \*\*\*150.00

Principal Place of Business

**15948 NW 82ND PLACE  
HIALEAH FL 33016  
US**

Mailing Address

**15948 NW 82ND PLACE  
HIALEAH FL 33016  
US**

2. Principal Place of Business

3. Mailing Address

**7150 W 20th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**412**

City & State

City & State

**Hialeah FL**

Zip

Country

Zip

Country

**33016**

**USA**

4. FEI Number

**59-2294789**

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

**SALVER, PAUL  
5881 NW 151ST ST #101  
MIAMI LAKES FL 33014**

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

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 **DP** ☐ Delete  
NAME **MARTINEZ, ALVARO**  
STREET ADDRESS **15948 NW 82ND PLACE**  
CITY-ST-ZIP **HIALEAH FL 33016**

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  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ALVARO I. Martinez, M.D.**  
**Director**  
**JULY 18/2000 305 362 1926**

CR2E034 (5/00)



July 27, 2000

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

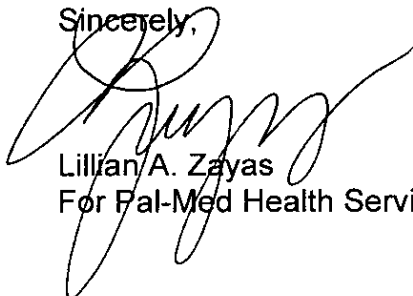
**RE: G45438 Alvaro I. Martínez, M.D. Investment Corp.**

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 to cover the cost of the annual report for the above referenced corporation. This corporation never received the first notice of the year 2000 UBR.

We request an abatement of the \$400.00 penalty for late filing. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Lillian A. Zayas".

Lillian A. Zayas  
For Pal-Med Health Services