

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G16883**

1. Entity Name  
**SARA ALVAREZ P.A.**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90093 038 \*\*\*150.00

Principal Place of Business  
**1848 OPECHEE DRIVE  
COCONUT GROVE FL 33133**

Mailing Address  
**1848 OPECHEE DRIVE  
COCONUT GROVE FL 33133  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-2248075**

Applied For

Not Applicable

Zip Country

Zip Country

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

**ALVAREZ, MAX  
1848 OPECHEE DRIVE  
COCONUT GROVE FL 33133**

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 \$150.00  
After May 1, 2002 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  
**P ALVAREZ, MAX** ☒ Delete  
STREET ADDRESS  
**1848 OPECHEE DRIVE**  
CITY-ST-ZIP  
**COCONUT GROVE FL 33133**

TITLE NAME  
**P SARA A ALVAREZ** ☒ Change ☐ Addition  
STREET ADDRESS  
**1848 opechee dr**  
CITY-ST-ZIP  
**COCONUT GROVE**

TITLE NAME  
**VPS ALVAREZ, SARA A** ☒ Delete  
STREET ADDRESS  
**1848 OPECHEE DRIVE**  
CITY-ST-ZIP  
**COCONUT GROVE FL 33133**

TITLE NAME  
**ALVAREZ, MAX VPS** ☒ Change ☐ Addition  
STREET ADDRESS  
**ALVAREZ, MAX**  
CITY-ST-ZIP  
**1848 opechee dr**  
**COCONUT GROVE**

TITLE NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
☐ Delete  
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☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/02**  
Date

**786 251-8390**  
Daytime Phone #

0209316 AV

CF2E034 (9/01)