

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90092 023 ***150.00

DOCUMENT # K41507

1. Entity Name

LAW OFFICES OF CARLOS M. ALVAREZ, P.A.

Principal Place of Business

**2040 NE 163RD STREET
 SUITE 210
 NORTH MIAMI BEACH FL 33162**

Mailing Address

**2040 NE 163RD STREET
 SUITE 210
 NORTH MIAMI BEACH FL 33162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5190 NW 167th Street

3. Mailing Address

5190 NW 167th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 111

Suite 111

City & State

City & State

MIAMI LAKES FL

MIAMI LAKES FL

Zip

Country

Zip

Country

33014 MIAMI-DADE

33014 MIAMI-DADE

4. FEI Number

59-2918332

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

**ALVAREZ, CARLOS M.
 2040 NE 163RD STREET
 SUITE 210
 NORTH MIAMI BEACH FL 33162**

Name

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

5190 NW 167th St

Suite 111

MIAMI LAKES FL

FL

Zip Code 33014

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

Carlos M. Alvarez
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-01

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 **D** ☐ Delete
 NAME **ALVAREZ, CARLOS M.**
 STREET ADDRESS **2040 NE 163RD STREET, SUITE 210**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☒ Change ☐ Addition
 NAME **5190 NW 167th St Suite 111**
 STREET ADDRESS **MIAMI LAKES, FL 33014**
 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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-01 (305) 627-6041

CR2E034 (10/00)