

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93443

1. Entity Name

ALBERTO J. CABAN-ALEMANY, M.D., P.A.

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90167 022 ***150.00

0066275 AV

Principal Place of Business

% ALBERTO J. CABAN ALEMANY
 11880 SW 40TH ST. STE 105
 MIAMI FL 33175

Mailing Address

% ALBERTO J. CABAN ALEMANY
 11880 SW 40TH ST. STE 105
 MIAMI FL 33175

971930



2. Principal Place of Business

11760 S.W. 40th Street

Suite, Apt. #, etc.

342

City & State

Miami, FL

Zip

33175-3595

Country

U.S.A.

3. Mailing Address

11760 S.W. 40th Street

Suite, Apt. #, etc.

342

City & State

Miami, FL

Zip

33175-3595

Country

U.S.A.

4. FEI Number

65-0126134 NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEMANY, ALBERTO J. CABAN
 11880 SW 40TH ST
 SUITE 105
 MIAMI FL 33175

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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

TITLE NAME D ALEMANY, ALBERTO J. C. ☐ Delete
 STREET ADDRESS 11880 SW 40TH ST #105
 CITY-ST-ZIP MIAMI FL

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME D Alemany, Alberto J.C. ☒ Change ☐ Addition
 STREET ADDRESS 11760 S.W. 40th ST # 342
 CITY-ST-ZIP Miami, FL 33175-3595

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

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

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 CITY-ST-ZIP

TITLE NAME ☐ 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

7/25/02

Date

Daytime Phone #

CR2E034 (4/02)

Attachment # K93443

971930

Alberto J. Caban - Alemany, M.D.
Practice of Pediatrics

The Atrium
11760 Bird Rd., Suite 342
Miami, Florida 33175

Tel: (305) 220-4787
Fax: (305) 220-0198

July 24, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: ID # 65-0126134 - Alberto J. Caban Alemany

Gentlemen:

As per our telephone conversation of today, enclosed please my check in the amount of \$ 150.00, since you waive the penalties along with a copy of last year UBR. Apparently you never change the address the reason why we never received the original form to be sent on time

Thank you for your attention with regards to this matter.

Truly yours,



Alberto J. Caban-Alemany, M.D., P.A.

AJ/

Enclosures: