2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004735

1. Entity Name

MONTOYA, ALVAREZ & FERNANDEZ, P.L.

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES FL 33134	3211 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number APPLIED FOR 65-1001495	Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ, ALEXANDER 3211 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES FL 33134	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM NAME MONTOYA, EDWARD STREET ADDRESS 3211 PONCE DE LEON BLVD. SUITE 201 CITY-ST-ZIP CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME ALVAREZ, ALEXANDER STREET ADDRESS 3211 PONCE DE LEON BLVD. SUITE 201 CITY-ST-ZIP CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME FERNANDEZ, GEORGE STREET ADDRESS 3211 PONCE DE LEON BLVD. SUITE 201 CITY-ST-ZIP CORAL GABLES FL 33134	☐ 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
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED Alexander Alvarez, Esq.   1/14/02   305-443-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #