

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90027 024 \*\*\*\*55.00

**DOCUMENT # L00000004735**

1. Entity Name

**ALVAREZ & FERNANDEZ, P.L.**



Principal Place of Business

**3211 PONCE DE LEON BLVD. SUITE 201  
CORAL GABLES FL 33134**

Mailing Address

**3211 PONCE DE LEON BLVD. SUITE 201  
CORAL GABLES FL 33134**

**20023127**



2. Principal Place of Business

**44 W. FLAGLER STREET**

3. Mailing Address

**44 W. FLAGLER STREET**

Suite, Apt. #, etc.

**Penthouse**

Suite, Apt. #, etc.

**Penthouse**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33130**

Country

**USA**

Zip

**33130**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1001495**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALVAREZ, ALEXANDER  
3211 PONCE DE LEON BLVD. SUITE 201  
CORAL GABLES FL 33134**

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.

**Alexander Alvarez**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-18-03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **ALVAREZ, ALEXANDER**  
STREET ADDRESS **3211 PONCE DE LEON BLVD. SUITE 201**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGRM** ☐ Delete  
NAME **FERNANDEZ, GEORGE L**  
STREET ADDRESS **3211 PONCE DE LEON BLVD. SUITE 201**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

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:

**Alexander Alvarez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/16/03**

Date

**(305) 424-0744**

Daytime Phone #

CR2E083 (10/02)