

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90085 029 \*\*\*150.00

0181676

**DOCUMENT # M05840**

1. Entity Name

**ALBERTO A. AYALA, M.D. P.A.**

Principal Place of Business

Mailing Address

~~1890 CORAL WAY #205~~  
~~MIAMI FL 33145~~

~~1321 CORAL WAY #205~~  
~~MIAMI FL 33145~~

2. Principal Place of Business

**1321 NW 14 ST.**

3. Mailing Address

**2742 BISCAYNE BLVD**

Suite, Apt. #, etc.

**606**

Suite, Apt. #, etc.

City & State

**MIAMI**

City & State

**MIAMI**

4. FEI Number

**59-2450853**

Applied For

Not Applicable

Zip

**33125**

Country

**DADE**

Zip

**33137**

Country

**DADE**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**AYALA, ALBERTO A.**  
**1890 CORAL WAY #205**  
**MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

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

**1321 NW 14 ST. #606**

City

**MIAMI**

**FL**

Zip Code

**33125**

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, 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

TITLE **DP**  Delete  
 NAME **AYALA, ALBERTO A.**  
 STREET ADDRESS **1890 CORAL WAY #205**  
 CITY-ST-ZIP **MIAMI FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1321 NW 14 ST #606**  
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

*Please*  
*This change of address has been requested since last year.*  
*thanks*

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

**4-25-01**

Date

Daytime Phone #

CR2E034 (10/00)