

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

~~1990 CORAL WAY #205~~
~~MIAMI FL 33145~~

~~1330 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

Zip

33125

Country

DADE

Zip

33137

Country

DADE

4. FEI Number

59-2450853

Applied For

Not Applicable

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.
1990 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 **1330 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 Change Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

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)