

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M15567

1. Entity Name

RAUL A. ALVAREZ, ARCHITECT P.A. AND ASSOCIATES

R

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90005 034 ***150.00

Principal Place of Business

9600 SW 8TH ST., SUITE 37
MIAMI FL 33174-2900

Mailing Address

9600 SW 8TH ST., SUITE 37
MIAMI FL 33174-2900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2531101**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, RAUL A
9600 SW 8TH STREET
SUITE 37
MIAMI FL 33174

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

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, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ALVAREZ, RAUL A
6460 NW 2ND ST
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PV
ALVAREZ, JR., RAUL A
6460 NW 2ND ST
MIAMI FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00
Date

305-220-0156
Daytime Phone #

CR2E034 (5/00)

Attachment # M15567
D007820

DATE: JULY 25, 2000


TO : DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL. 32302-1500

RE: RAUL A. ALVAREZ, ARCHITECT P.A. & ASSOCIATES
FEI # 59-2531101
DOCUMENT # M15567

TO WHOM IT MAY CONCERN:

WE DID NOT RECEIVE THE FIRST NOTICE TO PAY THE LBR FEE
INCLUDED IS OUR CHECK FOR \$150.00

THANK YOU,



RAUL ALVAREZ

RAUL A. ALVAREZ, ARCHITECT P.A. & ASSOCIATES