

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90029 012 ***150.00

659389

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000107946**1. Entity Name**

Alexander Hernandez, P.A.

Principal Place of Business**Mailing Address****2. Principal Place of Business**

1840 W 49th ST

3. Mailing Address

1840 W 49th ST

Suite, Apt. #, etc.

Suite # 100

Suite, Apt. #, etc.

Suite # 100

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

Country

33012

Zip

Country

33012

4. FEI Number

65-1074695

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fees Required**6. Name and Address of Current Registered Agent**Hernandez, Alexander
1840 W 49th ST Suite # 100
Hialeah, Florida 33012**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.**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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
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 NAME ☐ Delete
1840 W 49th ST Suite # 100
STREET ADDRESS
Hialeah, Florida 33012
CITY-STATE-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

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

Date

Typed Name

CR2E034 (11/00)