

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P00000107946

1. Entity Name

Alexander Hernandez, P.A.



03 DEC 31 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1840 W. 49 St.

3. Mailing Address

1840 W. 49 St.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

REINSTATEMENT

02-03

City & State

Hialeah, Florida

City & State

Hialeah, Florida

4. FEI Number

65-1074695

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33012

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Alexander Hernandez

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

1840 W. 49 St.

Suite 100

City

Hialeah, Florida

FL

Zip Code

33012

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Alexander Hernandez (PD)
1840 W. 49 St., Suite 100
Hialeah, Fl. 33012

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12/31/03--01048--016 **300.00

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12. 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 10 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

Daytime Phone #

CR2E034B (12/02)



RAUL RICARDO JR.
CERTIFIED PUBLIC ACCOUNTANT

December 17, 2003

Uniform Business Report
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

Ref: Alexander Hernandez, P.A.
Document # P00000107946

To Whom It May Concern:

Please be advised that the above-mentioned Corporation never received their UBR (Uniform Business Report) form for 2002 & 2003.

We are requesting that you waive the late fees and accept the enclosed downloaded forms from your website (completely filled in for 2002 and 2003) along with a check in the amount of \$300 to cover for the initial renewal charges. Please change my client's status from Administratively Dissolved to Active as soon as possible.

If you have any questions, please feel free to contact me at my office number listed below.

Sincerely,


Raul Ricardo, C.P.A.
Lic. # AC0013416