

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -6 PM 3:22

DOCUMENT # P00000107946

1. Entity Name

Alexander Hernandez, P.A.



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04-05

300060299503

10/06/05--01040--010 **300.00

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 #220-1

Suite, Apt. #, etc.
Suite #220-1

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

**DO NOT WRITE
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 #220-1

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 withdrawing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$60.00

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 #220-1
Hialeah, Fl. 33012

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone



RAUL RICARDO JR.
CERTIFIED PUBLIC ACCOUNTANT

September 12, 2005

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

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

To Whom It May Concern:

Please be advised that my client (Corporation mentioned above) is having difficulties receiving his mail. Again, for the second time, he has not received any correspondence regarding the UBR for 2004 or 2005.

We are requesting that you once again waive the late fees and accept the enclosed UBR form along with a check in the amount of \$300. Please send all correspondence to 1840 W. 49th St., Suite # 220-1, Hialeah, Florida 33012. Please note that the address change is reflected on the UBR form. Also, 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., P.A.
Lic. # AC0013416