

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 29 PM 5:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023600

1. Entity Name

NATALIA ALVARADO, DMD, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1390 E. TERRA MAR DR.

3. Mailing Address

1390 E TERRA MAR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO Bch FL

City & State

POMPANO Bch FL

Zip

33062--

Country

USA

Zip

33062--

Country

USA--

4. FEI Number

65109 2401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

7. Name and Address of Current Registered Agent

Name

NATALIA ALVARADO

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

1390 E TERRA MAR DRIVE

City

POMPANO Bch

FL

Zip Code

33062

**DO NOT WRITE
IN THIS SPACE**

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

Natalia Alvarado, DMD PA

10-25-02

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) ☐

**January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P, D, V, T, S, C, M ALVARADO, NATALIA 1390 E- TERRA MAR DR. POMPANO Bch FL 33062</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>500008642775 10/29/02--01022--001 **150.00</u>
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Natalia Alvarado DMD NATALIA ALVARADO, DMD, PA

10-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-9416-9108

CR2E034B (12/01)

Natalia Alvarado, D.M.D.
1390 East Terra Mar Drive
Pompano Beach, Fl 33062

October 25, 2002

To Whom It May Concern:

I am requesting for the late fee to be waived because the corporation did not receive the file notice due to an improper address. Thank you.

Sincerely,

Natalia Alvarado, D.M.D.