

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90449 017 ***150.00

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

DOCUMENT # *P01000056216*

1. Entity Name

Law Offices of Alberto M. Cardet, P.A.

DO NOT WRITE IN THIS SPACE

B0064383

2. Principal Place of Business

3971 S.W. 8 Street

3. Mailing Address

3971 S.W. 8 Street

Suite, Apt. #, etc.

#306

Suite, Apt. #, etc.

#306

City & State

Miami FL

City & State

Miami FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-1110927

Applied For

Not Applicable

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

Alberto M. Cardet, Esq

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

3971 S.W. 8 Street #306

City *Miami*

FL

Zip Code

33134

**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

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

*Alberto M. Cardet, P.
3971 S.W. 8 #306
Miami FL 33134*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*Jose R. Fernandez, V.P.T.S.
3971 S.W. 8 #306
Miami FL 33134*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alberto M. Cardet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/02 305-445-3636

Daytime Phone #

CR2E034B (12/01)