

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90176 020 ***158.75

DOCUMENT # P02000040828

1. Entity Name

ALCOBA EDSON, P.A.



DO NOT WRITE IN THIS SPACE

11009881

2. Principal Place of Business

17347 S.W. 20th CT

3. Mailing Address

17347 S.W. 20th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

4. FEI Number

77-0589726

Applied For

Not Applicable

Zip

33029

Country

BROWARD

Zip

33029

Country

BROWARD

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 LAURENCE J. EDSON

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

1485 S.W. 154th Terrace

City PEMBROKE PINES

FL

Zip Code

33027

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

Laurence J. Edson

LAURENCE J. EDSON

4/20/03

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

PRESIDENT, P
ALCOBA, RUBEN Y.
17347 S.W. 20th Court
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VICE PRESIDENT, V
EDSON, LAURENCE J.
1485 S.W. 154th Terrace
PEMBROKE PINES, FL 33027

TITLE
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

Laurence J. Edson LAURENCE J. EDSON

4/20/03
305/606-2589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)