

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91495 002 \*\*\*150.00

**DOCUMENT # P02000065078**

1. Entity Name  
**LAW OFFICES OF ALEX HERNANDEZ, P.A.**



Principal Place of Business  
**6765 MIAMI LAKES DRIVE K-238  
MIAMI LAKES FL 33016**

Mailing Address  
**6765 MIAMI LAKES DRIVE K-238  
MIAMI LAKES FL 33016**

2. Principal Place of Business  
**15545 Miami Lakeway N**

3. Mailing Address  
**15545 Miami Lakeway N**

Suite, Apt. #, etc.  
**204**

Suite, Apt. #, etc.  
**204**

City & State  
**Miami Lakes FL**

City & State  
**Miami Lakes, FL**

Zip Country  
**33014 USA**

Zip Country  
**33014 USA**

4. FEI Number  
**01-0710822**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HERNANDEZ, ALEX  
6765 MIAMI LAKES DRIVE K-238  
MIAMI LAKES FL 33016**

**7. Name and Address of New Registered Agent**

Name **Alex Hernandez**  
Street Address (P.O. Box Number is Not Acceptable)  
**15545 Miami Lakeway N.**  
**#204**  
City **Miami Lakes** FL Zip Code **33014**

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)

**4/24/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 **P** ☒ Delete  
NAME **HERNANDEZ, ALEX**  
STREET ADDRESS **6765 MIAMI LAKES DRIVE K-238**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **P** ☐ Delete  
NAME **ALEX HERNANDEZ**  
STREET ADDRESS **15545 Miami Lakeway N #204**  
CITY-ST-ZIP **Miami Lakes, FL 33014**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03**  
Date

**786-299-7401**  
Daytime Phone #

CR2E034 (10/02)