

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0079609 AV

DOCUMENT # P02000110806

1. Entity Name

LUIS ALVAREZ, DMD, P.A.



FILED

03 SEP 22 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5500 N OCEAN DRIVE APT 2-D
SINGER ISLAND FL 33404

Mailing Address
5500 N OCEAN DRIVE APT 2-D
SINGER ISLAND FL 33404

2. Principal Place of Business

6900 SCEDLA AVE
Suite, Apt. #, etc.
507

3. Mailing Address

6900 SCEDLA AVE
Suite, Apt. #, etc.
507

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32789

Country

USA

Zip

32789

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JORGE-LUIS
5500 N OCEAN DRIVE APT 2-D
SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 DPT
NAME TRIVEDI, AILEEN
STREET ADDRESS 5500 N OCEAN DRIVE APT 2-D
CITY-ST-ZIP SINGER ISLAND FL 33404

☐ Delete

TITLE DVS
NAME ALVAREZ, JORGE-LUIS
STREET ADDRESS 5500 N OCEAN DRIVE APT 2-D
CITY-ST-ZIP SINGER ISLAND FL 33404

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100023358251
09/26/03--01018--017 **\$50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE OF JORGE-LUIS ALVAREZ

Date Daytime Phone #

09/26/03 (407) 599 0445

CR2E034 (4/03)