

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90771 013 \*\*\*150.00

**DOCUMENT # P02000132298**

1. Entity Name

**ALBA VARELA PROFESSIONAL ASSOCIATION**



Principal Place of Business  
**2601 SOUTH BAYSHORE DRIVE**  
~~600A~~ **600 A**  
**MIAMI FL 33133**  
**US**

Mailing Address  
**2601 SOUTH BAYSHORE DRIVE**  
~~600A~~ **600 A.**  
**MIAMI FL 33133**  
**US**



2. Principal Place of Business

3. Mailing Address

**2601 S. Bayshore Drive**  
Suite, Apt. #, etc.

**2601 S. Bayshore Drive**  
Suite, Apt. #, etc.

**Suite 1400**  
City & State

**Suite 1400**  
City & State

**Miami, FL**

**Miami, FL**

Zip

Country

Zip

Country

**33133**

**USA**

**33133**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARISTA, EDUARDO R**  
**2655 LE JEUNE ROAD**  
**FIFTH FLOOR**  
**CORAL GABLES FL 33134**

Name  
**Alba Varela**

Street Address (P.O. Box Number is Not Acceptable)  
**2601 South Bayshore Drive**

**Suite 1400**

City  
**Miami**

**FL**

Zip Code  
**33133**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VARELA, ALBA 460 COSTANERA ROAD CORAL GABLES FL 33143</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/2003** **305-888 4811**  
**305-9925190**  
Date Daytime Phone #

CR2E034 (10/02)