2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90485 021 ***158.75

0206608 AV

DOCUMENT # P93000027198

1. Entity Name
JAIME ALVAREZ, M.D., P.A.

Principal Place of Business	Mailing Address
9150 SW 87TH AVE. SUITE 208 MIAMI FL 33175-2313 US	~~1444 BISCAYNE BLVD.~~ ~~SUITE 304~~ ~~MIAMI FL 33132~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9150 SW 87 AVE	9150 SW 87 AVE
Suite, Apt. #, etc.: SUITE 208	Suite, Apt. #, etc.: SUITE 208
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33176 Country: USA	Zip: 33176 Country: USA

4. FEI Number 65-0403738 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, JAIME, M.D.
~~8600 SW 92ND STREET~~ 9150 SW 87 AVE
~~SUITE 103~~ SUITE 208
~~MIAMI FL 33156~~ MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: ALVAREZ M.D., JAIME
Street Address (P.O. Box Number is Not Acceptable): 9150 SW 87 AVE
SUITE 208
City: MIAMI FL Zip Code: 33176

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] 1/31/02
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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALVAREZ, JAIME 8600 SW 92ND ST, STE 103 MIAMI FL 33156	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/31/02 305-273-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #