

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91036 026 ***150.00

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1. Entity Name

BETSY ALVAREZ-ZANE, P.A.



Principal Place of Business

198 N DOUGLAS RD
1ST FLOOR
MIAMI FL 33125
US

Mailing Address

198 N DOUGLAS RD
1ST FLOOR
MIAMI FL 33125
US

2. Principal Place of Business

5040 N.W. 7th St

3. Mailing Address

5040 N.W. 7th Street

Suite, Apt. #, etc.

Suite 490

Suite, Apt. #, etc.

Suite 490

City & State

Miami FL

City & State

Miami FL

Zip

33126

Country

USA

Zip

33126

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0427118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ-ZANE, BETSY
198 N DOUGLAS RD
1ST FLOOR
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

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

5040 N.W. 7th Street

Suite 490

City

Miami

FL

Zip Code

33126

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, 2004 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 D ☐ Delete
NAME ALVAREZ-ZANE, BETSY
STREET ADDRESS 198 N DOUGLAS RD 1ST FL
CITY-ST-ZIP MIAMI FL 33125

TITLE PVST ☐ Delete
NAME ALVAREZ-ZANE, BETSY ESQ.
STREET ADDRESS 198 N DOUGLAS RD 1ST FL
CITY-ST-ZIP MIAMI FL 33125

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 5040 NW 7 Street, Suite 490
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5040 N.W. 7 Street Suite 490
CITY-ST-ZIP Miami, FL 33126

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:

Betsy Alvarez-Zane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-04