

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056731

1. Entity Name
ALICE G. HECTOR, P.A.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90021 027 ***550.00

Principal Place of Business
200 SOUTH BISCAYNE BLVD.
MIAMI CENTER. SUITE 1050
MIAMI FL 33131-2398

Mailing Address
200 SOUTH BISCAYNE BLVD.
MIAMI CENTER. SUITE 1050
MIAMI FL 33131-2398

AU071824



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 S. BISCAYNE BLVD.

3. Mailing Address
201 S. BISCAYNE BLVD.

Suite, Apt. #, etc.
SUITE 1050

Suite, Apt. #, etc.
SUITE 1050

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-0430603

Applied For
Not Applicable

Zip 33131 Country USA

Zip 33131 Country USA

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

6. Name and Address of Current Registered Agent

HECTOR, ALICE G
200 S. BISCAYNE BLVD.
SUITE 4000
MIAMI FL 33131-2398

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
201 S. BISCAYNE BLVD.
SUITE 1050
City MIAMI FL Zip Code 33131

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 *Alice G Hector*

JUL 20 2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D
NAME HECTOR, ALICE G
STREET ADDRESS 200 S. BISCAYNE BLVD., SUITE 4000
CITY-ST-ZIP MIAMI FL 33131-2398 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 201 S. BISCAYNE BLVD., SUITE 1050
CITY-ST-ZIP MIAMI, FL 33131 ☒ Change ☐ Addition

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

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

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

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

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

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: *Alice G Hector*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUL 20 2000

Date

Daytime Phone #