

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90286 017 \*\*\*150.00

**DOCUMENT # P93000056731**

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

Principal Place of Business      Mailing Address  
**201 S BISCAYNE BLVD**      **201 S BISCAYNE BLVD**  
**STE-1050**      **STE-1050**  
**MIAMI FL 33131**      **MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**201 S. Biscayne Blvd.**      **201 S. Biscayne Blvd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite # 3000**      **Suite # 3000**

City & State      City & State  
**Miami FL**      **Miami FL**  
 Zip      Country      Zip      Country  
**33131**      **U.S.**      **33131**      **U.S.**

4. FEI Number      Applied For  
**65-0430603**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HECTOR, ALICE G**  
**201 S BISCAYNE BLVD**  
**STE-1050**  
**MIAMI FL 33131**

Name **Alice G. Hector**  
 Street Address (P.O. Box Number is Not Acceptable) **201 S. Biscayne Blvd, Suite 3000**  
 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*  
 Signature, typed or printed name of registered agent and title if applicable.

**JAN 22 2001**  
 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, 2001 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HECTOR, ALICE G</b>
STREET ADDRESS	<b>201 S BISCAYNE BLVD STE-1050</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hector, Alice G.</b>
STREET ADDRESS	<b>201 S Biscayne Blvd Suite #3000</b>
CITY-ST-ZIP	<b>Miami, FL 33131</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**JAN 22 2001**  
 Date      Daytime Phone #

CR2E034 (10/00)