Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 02, 2001 8:00 am DOCUMENT # P93000056731 **Secretary of State** 1. Entity Name ALICE G. HECTOR, P.A. 02-02-2001 90286 017 ***150.00 Principal Place of Business Mailing Address 201 S BISCAYNE BLVD 201 S BISCAYNE BLVD STE-1050 STE-1050 MIAMI FL 33131 MIAM! FL 33131 2. Principal Place of Business 3. Mailing Address 2012. Bissayne Blvd. 201 2. BISCOUNC Blyd. Suite, Apt. #, etc. 3000 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0430603 MIBMY Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hertor HECTOR, ALICE G 201 S BISCAYNE BLVD STE-1050 **MIAMI FL 33131** MABILLA purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this staten (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITI F □ Delete TITLE 🔀 Change Hectre Alice 6 NAME HECTOR, ALICE G NAME STREET ADDRESS 201 S BISCAYNE BLVD STE-1050 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapted or on an attachment with an address with all items files of converted. changed, or on an attachment with an address, with all other

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR