

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90160 001 ***150.00
 04-18-2001 90160 002 *****8.75

DOCUMENT # P94000003278

1. Entity Name

ALBERTO ALVERIO, P.A.

Principal Place of Business

**541 13TH STREET
 SUITE 12
 MIAMI BEACH FL 33139
 US**

Mailing Address

**541 13TH STREET
 SUITE 12
 MIAMI BEACH FL 33139
 US**

2. Principal Place of Business

1552 Euclid Ave.

Suite, Apt. #, etc.

suite d

3. Mailing Address

1552 Euclid Ave.

Suite, Apt. #, etc.

Suite d

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

Country

33139

U.S.

Zip

Country

33139

U.S.

6. Name and Address of Current Registered Agent

**ALVERIO, ALBERTO
 8641 RIDGEMAR CT
 ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name

ALverio, Alberto

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

1552 Euclid Ave.

suite d

City

Miami Beach

FL

Zip Code

33139

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

Alberto Alverio

Alberto Alverio

April 4, 2001

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ALVERIO, ALBERTO	
STREET ADDRESS	541 13TH ST STE 12	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PRESTON, KEITH A	
STREET ADDRESS	541 134 STREET SUITE 12	
CITY-ST-ZIP	MIAMI FL 33139	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alverio, Alberto	
STREET ADDRESS	1552 Euclid Ave. suite d	
CITY-ST-ZIP	Miami Beach, FL 33139	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alberto Alverio

Alberto Alverio

Date

4/4/01 305 498-3958

Daytime Phone #

CR2E034 (10/00)