

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90062 046 ***550.00

DOCUMENT # P95000027254

1. Entity Name

ALVAREZ, ARMAS & BORRON, P.A.



Principal Place of Business
255 UNVIERSITY DRIVE
CORAL GABLES FL 33134

Mailing Address
255 UNVIERSITY DRIVE
CORAL GABLES FL 33134



2. Principal Place of Business

3211 PONCE DE LEON BLVD.

3. Mailing Address

3211 PONCE DE LEON BLVD

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES FL.

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0374177

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BORRON, JORGE C
255 UNIVERSITY DRIVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

3211 PONCE DE LEON BLVD SUITE 302

City

CORAL GABLES

FL

Zip Code

33134

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

6/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	PD	<input type="checkbox"/> Delete
NAME	DE ARMAS, JA	
STREET ADDRESS	255 UNVIERSITY DR.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ERMA	
STREET ADDRESS	255 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BORRON, JORGE C	
STREET ADDRESS	255 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3211 PONCE DE LEON BLVD. SUITE 302	
CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ARTURO	
STREET ADDRESS	3211 PONCE DE LEON SUITE 302	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3211 PONCE DE LEON BLVD. SUITE 302	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/03

305 461-5100

Date

Daytime Phone #

CR2E034 (10/02)