

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90134 039 ***158.75

DOCUMENT # P96000000807

1. Entity Name
DIAZ-SOLIS & PINERO-ALHADEFF, P.A.

Principal Place of Business

**3501 SW 107 AVENUE
MIAMI FL 33165
US**

Mailing Address

**3501 SW 107 AVENUE
MIAMI FL 33165
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0645918**

Applied For

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

**DIAZ-SOLIS, ERWIN
3501 SW 107 AVENUE
MIAMI FL 33165**

Name

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

City

FL

Zip Code

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

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
DIAZ-SOLIS, ERWIN
11805 S.W. 107 AVE.
MIAMI FL 33176** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PINERO-ALHADEFF, MARISEL
19390 S.W. 16 ST.
PEMBROKE PINES FL 33029** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/02

Date

Daytime Phone #

CR2E034 (4/02)

Att. Alhadef

676612

096000000807

AMERICAN TITLE & CLOSING SERVICE, INC.

3501 S.W. 107 Avenue

Miami, FL 33165

Phone: (305) 554-7724

Fax: (305) 554-7798

Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

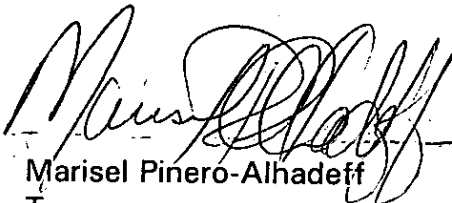
RE: Waiver of Reinstatement Fee

To Whom It May Concern:

This is our request to waive the reinstatement fee as previous notices were not received by our office. Enclosed please find a check for \$158.75.

Thank You for your prompt attention to this matter.

Sincerely,



Marisel Pinero-Alhadef
Treasurer