

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 96 0000 83 114**
1. Entity Name
Cristina Alvarez-Yanes, P.A.

FILED

02 NOV 15 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
275 W. Enid Dr.
Suite, Apt. #, etc.

3. Mailing Address
275 W. Enid Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Key Biscayne, FL
Zip
33149 Country
USA

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Key Biscayne, FL
Zip
33149 Country
USA

4. FEI Number
65-0702269
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Alvarez-Yanes, Cristina
Street Address (P.O. Box Number is Not Acceptable)
275 W. Enid Dr.
City
Key Biscayne FL Zip Code
33149

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 _____
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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Alvarez-Yanes, Cristina
275 W. Enid Dr.
Key Biscayne, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**600009033306
11/15/02--01097--015 **150.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Cristina Alvarez-Yanes** **10/27/02** **361-3440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

November 4, 2002

**Cristina Alvarez-Yanes, P.A.
275 W Enid Drive
Key Biscayne, FL 33149
Document # P96000083114**

**Uniform Business Reports
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500**

Re: 2002 Uniform Business Report (UBR)

Dear Florida Department of State:

The purpose of this correspondence is to request that you kindly relieve us of the late fees currently placed upon our above referred to organization for the 2002 UBR.

Please accept our enclosed check in the amount of one hundred fifty dollars (\$ 150.00) as payment for the 2002 UBR, which was not received by us, and place our organization as current.

We apologize for any inconvenience we have caused and await your esteemed response.

Very Truly Yours,


Cristina Alvarez-Yanes
President

**Cristina Alvarez-Yanes, P.A.
Document # P96000083114**

W/enclosures – 2002 UBR, check payable to Florida Department of State in the amount of one hundred fifty dollars (\$ 150.00).