2003 FOR PROFIT CORPORATION UNIFORM RUSINESS REPORT (URB)

FILED Feb 03, 2003 8:00 am Secretary of State

			161 011	10	PN/
DOCUMENT: 1. Entity Name	# P96	000	0831	14	
Cristina	Alvarez	- 14-25	P.A.		
DO N	OT WRIT	EIN	THIS	PAC	E

1. Entity Name	V 760	0003211	7		02-03-20	03 90294 014	***150.00	
Cristina	Alvanez - Yi	nos, P.A.						
DO N	IOT WRITE	IN THIS S	PACE					
2. Principal Place of Busin	Paul Dr.	3. Mailing Address 275 W. Enid Pr.			20022686			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State Bisco	ayne, FL	City & State Bis	ca-jae	FC	4. EEI Number 70702.	269	Applied For Not Applicable	
33149	Country USA	Zip 33,149 33,149	Country US		5. Certificate of Status Desired	' □ Fee	. 75 Additional Required	
			Name	7. Name and Address of Current Registered Agent				
	O NOT WE	RITE	Stroot	/ /	arez-Yanes Cristina			
The first because it is	N THIS SPA	"在我们的人的时间,这人中产品"。	Sireer		O. Box Number is Not Acceptal	Pr.		
8 4	N I I II O OF A							
			City	164	Biscayne	F- I	Zip Code	
The above named entity the obligations of regist	y submits this statement for t ered agent.	he purpose of changing its	registered office of	or registere	d agent, or both, in the State of I	lorida. I am familia	ar with, and accept	
SIGNATURE Signature, typed	or printed name of registered agent and	title if applicable. (NOTI	E: Registered Agent signa	iture required w	hen reinstation)	DATE		
After May 1 Amended	by 1 Fee is \$150.00 I, Fee is \$550.00 UBR is \$61.25 Florida Department of S				9. Election Campaign F Trust Fund Contributi	inancing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DI	ii yeyddines Malaca	Charles Andrew Landing		the said than the said		w	
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NAME ATTACK	W. Enid Pr	istina	NAME STREET ADDRESS					
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CITY-ST-ZIP			CITY-ST-ZIP	es i 19 Cope Bare, Inter III		e e e e e e e e e e e e e e e e e e e		
12 I hereby certify that the	information supplied with thi	s filing does not qualify for	the exemption stat	ad in Coati	on 119.07(3)(i), Florida Statutes.	Terrate and the second		

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

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IGNATURE:

Davime Phone #

SIGNATURE: