

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000033563**

1. Entity Name

DRS. ALVAREZ, P.A.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90006 007 ***150.00

Principal Place of Business

147 ALHAMBRA CIRCLE
CORAL GABLES FL
US

Mailing Address

12550 BISCAYNE BLVD..STE.308
NORTH MIAMI FL 33181
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

147 Alhambra Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 111

City & State

City & State

4. FEI Number

65-0826996

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALVAREZ, JOSE J
12550 BISCAYNE BLVD
SUITE 308
NORTH MIAMI FL 33181

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.

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, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ALVAREZ, JOSE J
9232 GRAND CANAL DR.
MIAMI FL 33174TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
ALVAREZ, NOLYRIS K
9232 GRAND CANAL DR.
MIAMI FL 33174TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Alvarez & Alvarez Dental Office

147 Alhambra Circle, Suite 111

Coral Gables, FL 33134

(305) 443-8225

Facsimile (305) 443-8316

12550 Biscayne Blvd., Ste. 308

North Miami, FL 33181

(305) 893-1830

Facsimile (305) 893-0395

7/7/00

Please wave my penalty since
this is the first notice I receive.

Thank you.

Michelle Salgado