

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90088 026 ***150.00

DOCUMENT # P98000091385

1. Entity Name
ALFREDO J. BALSERA, P.A.

Principal Place of Business

5153 N.W. 4TH STREET
 MIAMI FL 33126

Mailing Address

5153 N.W. 4TH STREET
 MIAMI FL 33126-5009

2. Principal Place of Business

385 ALHAMBRA CIRCLE

3. Mailing Address

385 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

CONAL GABLES, FL

City & State

CONAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0875077

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

A&P REGISTERED AGENT, INC.
2450 S.W. 137TH AVE.
SUITE 226
MIAMI FL 33175

Name

ALFREDO J. BALSERA

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

385 ALHAMBRA CIRCLE, SUITE A

City

CONAL 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.

SIGNATURE

Alfredo J. Balsera
 Signature, typed or printed name of registered agent and title if applicable

ALFREDO J. BALSERA

(NOTE: Registered Agent signature required when reinstating)

1/5/00
 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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 Delete
 NAME **D BALSERA, ALFREDO J**
 STREET ADDRESS **5153 N.W. 4TH STREET**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE Change Addition
 NAME **BALSERA, ALFREDO J**
 STREET ADDRESS **385 ALHAMBRA CIRCLE, SUITE A**
 CITY-ST-ZIP **CONAL GABLES, FL 33134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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:

Alfredo J. Balsera
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00
 Date

305-441-1272
 Daytime Phone #

CR2E034 (9/99)