

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018486

1. Entity Name

LAW OFFICES OF ALVAREZ & ALVAREZ-ZANE, P.A.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90093 047 ***150.00

Principal Place of Business

7000 SW 97TH AVE. SUITE 209
MIAMI FL 33173

Mailing Address

7000 SW 97TH AVE. SUITE 209
MIAMI FL 33173-1492

AUG00104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

198 North Douglas Road

Suite, Apt. #, etc.
First Floor

City & State
Miami, Florida

Zip
33125

Country
USA

3. Mailing Address

198 North Douglas Road

Suite, Apt. #, etc.
First Floor

City & State
Miami, Florida

Zip
33125

Country
USA

4. FEI Number

65-0898356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, AMADO A
7000 SW 97TH AVE, SUITE 209
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name
AMADO ALAN ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)
198 North Douglas Road
First Floor

City
Miami

FL

Zip Code
33125

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 *Amado Alan Alvarez, President*

(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 \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
ALVAREZ, AMADO
7000 SW 97TH AVE, SUITE 209
MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
ALVAREZ, AMADO ALAN
198 North Douglas Road, First Floor
Miami, Florida 33125 ☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)