

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91181 021 ***150.00

DOCUMENT # P99000030836
1. Entity Name
 ALBERTO M. CALVO, P.A.

Principal Place of Business 6278 N. Federal Hwy
 Suite 291
 FT. Lauderdale, FL 33308
Mailing Address 13899 Biscayne Blvd
 Suite 107
 Miami, FL 33181

C0069880

2. Principal Place of Business 6278 N. Federal Hwy
 Suite, Apt. #, etc. Suite 291
3. Mailing Address 13899 Biscayne Blvd
 Suite, Apt. #, etc. Suite 107

DO NOT WRITE IN THIS SPACE

City & State FT. Lauderdale, FL
City & State Miami, FL
Zip 33308 **Country** U.S.A
Zip 33181 **Country** U.S.A

4. FEI Number 65-0908592
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CALVO, Alberto M.
 444 Brickell Ave Ste 300
 Miami, FL 33131

7. Name and Address of New Registered Agent
Name CALVO, ALBERTO M.
Street Address (P.O. Box Number is Not Acceptable)
 13899 Biscayne Blvd Suite 107
City Miami **FL** **Zip Code** 33181

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 *Alberto Calvo* **DATE** 05/01/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2001 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	Director CALVO, ALBERTO M. 2790 N.E. 56th Court Fort. Lauderdale FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director CALVO, ALBERTO M. 13899 Biscayne Blvd Suite 107 Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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: *Alberto Calvo* **DATE:** 05/01/01 **305-341-3578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duration Period #

CR2E034 (11/00)