2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90070 009 ***150.00

0210325 AV

DOCUMENT # P99000058089

1. Entity Name
ALINA GONZALEZ, PA

Principal Place of Business	Mailing Address
905 SW 94 COURT MIAMI FL 33174	905 SW 94 COURT MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2645 S. Bayshore Dr.	SAME
Suite, Apt. #, etc. 502	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33133-5433 Country USA	Zip Country

4. FEI Number 65-0941760 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ALINA
~~905 SW 94 COURT~~
~~MIAMI FL 33174~~

7. Name and Address of New Registered Agent

Name Alina Gonzalez
Street Address (P.O. Box Number is Not Acceptable) 2645 S. Bayshore Dr. #502
City Miami FL Zip Code 33133

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] 1-30-02
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 $150.00
After May 1, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST GONZALEZ, ALINA 905 SW 94 COURT MIAMI FL 33174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2645 S. Bayshore Dr. #502 Miami, FL 33133-5433
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, SILVANO 905 SW 94 COURT MIAMI FL 33174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2645 S. Bayshore Dr. #502 Miami, FL 33133-5433
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CR2E034 (9/01)

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] 1-8-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #