

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093983

1. Entity Name

LOURDES ALEMAN-DIAZ L.M. H.C., P.A.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90166 043 ***150.00

Principal Place of Business

17309 SW 8 STREET
PEMBROKE PINES FL 33029

Mailing Address

17309 SW 8 STREET
PEMBROKE PINES FL 33029-4210

2. Principal Place of Business

3899 NW 7TH ST.

Suite, Apt. #, etc.

SUITE 204-B

City & State

MIAMI, FL

Zip

33126

Country

3. Mailing Address

3899 NW 7TH ST.

Suite, Apt. #, etc.

SUITE 204-B

City & State

MIAMI, FL

Zip

33126

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

CAMPOS, OSVALDO JR, CPA
232 NW 85 CT.
MIAMI FL 33126

Name

JUAN A. FIGUEROA, P.A., C.P.A.

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

CITY NATIONAL BANK BUILDING

2701 LE JEUNE ROAD, SUITE 310

City

CORAL GABLES, FL.

FL

Zip Code

33124

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

LOURDES ALEMAN-DIAZ

(NOTE: Registered Agent signature required when reinstating)

4-24-00

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	DPVT	<input type="checkbox"/> Delete
NAME	ALEMAN-DIAZ, LOURDES	
STREET ADDRESS	17309 SW 8 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

LOURDES ALEMAN-DIAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 (303) 299-8473
Date Daytime Phone #

CFR 119.034 (9/99)