

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093983

1. Entity Name

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

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90325 016 ***150.00

Principal Place of Business

3899 NW 7TH STREET
STE 204-B
MIAMI FL 33126

Mailing Address

3899 NW 7TH STREET
STE 204-B
MIAMI FL 33126

00043030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0965860

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FICUERDA, JUAN A CPA
CITY NATIONAL BANK BUILDING
2701 LE JEUNE RD STE 310
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name FIGUEROA, JUAN A. CPA

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

SAME

City

SAME

FL

Zip Code

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*
LOURDES ALEMAN-DIAZ

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

(NOTE: Registered Agent signature required when reinstalling)

X 4-9-01
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, 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 DPVT
NAME ALEMAN-DIAZ, LOURDES
STREET ADDRESS 17309 SW 8 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

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

Date

X 4-9-01

Daytime Phone

(954) 430-8444
LOURDES ALEMAN-DIAZ

CR2E034 (10/00)