

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90189 024 ***150.00

DOCUMENT # S37935

1. Entity Name

ALEJANDRO NUNEZ, P.A.

Principal Place of Business

1607 PONCE DE LEON BLVD
STE 101
CORAL GABLES FL 33134
US

Mailing Address

1607 PONCE DE LEON BLVD
STE 101
CORAL GABLES FL 33134
US

00058158



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 GIRALDA AVENUE
Suite, Apt. #, etc
CORAL GABLES, FL
City & State

3. Mailing Address

250 GIRALDA AVENUE
Suite, Apt. #, etc
CORAL GABLES, FL
City & State

4. FEI Number

65-0253889

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

NUNEZ, ALEJANDRO
1607 PONCE DE LEON BLVD
STE 101
CORAL GABLES FL 33134

Name

NUNEZ, ALEJANDRO

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

250 GIRALDA AVENUE

City

CORAL GABLES

FL

Zip Code

33134

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

ALEJANDRO NUNEZ, ESQ

(NOTE: Registered Agent signature required when reinstating)

DATE

5-26-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
NUNEZ, ALEJANDRO
1607 PONCE DE LEON BLVD, STE 101
CORAL GABLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
NUNEZ, ALEJANDRO
250 GIRALDA AVENUE
CORAL GABLES, FL 33134

☒ Change ☐ Addition

TITLE
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☐ 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:

Alejandro Nunez

PRESIDENT ALEJANDRO NUNEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-774-6222

CR2E034 (10/00)