

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S88174**

1. Entity Name  
**CARLOS ALONSO & ASSOCIATES, INC.**

Principal Place of Business  
**7648 WILES RD  
CORAL SPRINGS FL 33067**

Mailing Address  
**6910 NW 29 COURT  
MARGATE FL 33063**

2. Principal Place of Business  
**6910 NW 29<sup>TH</sup> CT.**

3. Mailing Address

Suite, Apt. #, etc.  
**MARGATE**

Suite, Apt. #, etc.

City & State  
**FLORIDA**

City & State

4. FEI Number  
**65-0333937**

Applied For  
Not Applicable

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

Zip  
**33063**

Country  
**BROWARD**

Zip

Country

## 6. Name and Address of Current Registered Agent

**ALONSO, CARLOS A  
6910 NW 29TH COURT  
MARGATE FL 33063**

## 7. Name and Address of New Registered Agent

Name

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

City

**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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ALONSO, CARLOS A  
10935 NW 41ST DR  
CORAL SPRINGS FL 33065**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ALONSO, MYRIAM T  
2281 NW 15TH CT  
POMPANO FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90016 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)

01/07/02 954-263-7795