

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90131 006 \*\*\*150.00

DOCUMENT # V35802

1. Entity Name  
**ALBERTO M. CARBONELL, P.A.**

**C0007995**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2250 SW 3RD AVE SUITE 205 MIAMI FL 33129 US</b>	Mailing Address <b>2250 SW 3 AVE SUITE 205 MIAMI FL 33134-3701 US</b>
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2. Principal Place of Business <b>644 Navarre Avenue Suite, Apt. #, etc. Coral Gables City &amp; State Florida</b>	3. Mailing Address <b>644 Navarre Avenue Suite, Apt. #, etc. Coral Gables Florida City &amp; State</b>
Zip <b>33134</b>	Country <b>Miami Dade</b>
Zip <b>33134</b>	Country <b>Miami Dade</b>

4. FEI Number <b>65-0334574</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CARBONELL, ALBERTO M.  
~~2250 SW 3 AVE~~  
~~SUITE 205~~  
~~MIAMI FL 33129~~**

7. Name and Address of New Registered Agent  
 Name  
**CARBONELL, ALBERTO M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**644 Navarre 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  **Alberto M. Carbonell** DATE **1-14-2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

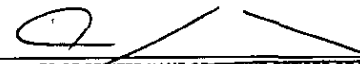
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <b>PST</b>	<input type="checkbox"/> Delete
NAME <b>CARBONELL, ALBERTO M.</b>	
STREET ADDRESS <b>909 GRANADA GROVE CT.</b>	
CITY-ST-ZIP <b>CORAL GABLES FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>CARBONELL, ALBERTO M.</b>	
STREET ADDRESS <b>909 GRANADA GROVE CT.</b>	
CITY-ST-ZIP <b>CORAL GABLES FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>644 Navarre Avenue</b>	
CITY-ST-ZIP <b>Coral Gables FL 33134</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>644 Navarre Avenue</b>	
CITY-ST-ZIP <b>Coral Gables FL 33134</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:  DATE **1-14-2000** (305) DAYTIME PHONE # **476-5225**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)