

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V48472

1. Entity Name

WOLFBERG ALVAREZ/ ADA, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90184 049 ***150.00

0183850

Principal Place of Business Mailing Address
890 S. DIXIE HIGHWAY 890 S. DIXIE HIGHWAY
CORAL GABLES FL 33146 CORAL GABLES FL 33146

00052201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1500 San Remo Avenue
3. Mailing Address 1500 San Remo Avenue

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 300 Suite 300

City & State City & State
Coral Gables, FL Coral Gables Florida

Zip 33146 Country Zip 33146 Country USA

4. FEI Number 65-0394306 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

SCHREIBER, GERHARDT A
2222 PONCE DE LEON BLVD
PENTHOUSE SUITE
CORAL GABLES FL 33134

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 _____ (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, 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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVAREZ, JULIO E		NAME	1500 SAN REMO AVENUE, SUITE 300	
STREET ADDRESS	5960 SW 57TH AVE		STREET ADDRESS	CORAL GABLES, FLORIDA 33146	
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFBERG, DAVID A		NAME	1500 SAN REMO AVENUE, SUITE 300	
STREET ADDRESS	5960 SW 57TH AVE		STREET ADDRESS	CORAL GABLES, FLORIDA 33146	
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 (305) 666-5474
Date Daytime Phone #

CR2E034 (10/00)