

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90191 038 ***150.00

DOCUMENT # **L31515**

1. Entity Name
Bert Alexander & Associates, Inc.

Principal Place of Business
**420 Blue Rd.
 Coral Gables, FL 33146**

Mailing Address
**P.O. Box 330395
 Miami, FL
 33233**

2. Principal Place of Business
**7621 SW 54th Ave.
 Suite, Apt. #, etc.**

3. Mailing Address
**7621 SW 54th Ave.
 Suite, Apt. #, etc.**

City & State
Miami, FL

City & State
Miami, FL 33143

Zip
33143

Country
U.S.A.

Zip
33143

Country
U.S.A.

4. FEI Number
65-0186181

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Irigoyen, Bert
 420 Blue Rd.
 Coral Gables, FL 33146**

7. Name and Address of New Registered Agent

Name
Irigoyen, Bert

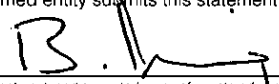
Street Address (P.O. Box Number is Not Acceptable)
7621 SW. 54th Ave.

City
Miami

State
FL

Zip Code
33143

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, 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**

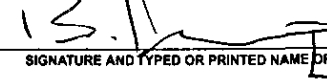
11. OFFICERS AND DIRECTORS

TITLE DPS	<input type="checkbox"/> Delete
NAME Irigoyen, Bert	
STREET ADDRESS 420 Blue Rd.	
CITY-ST-ZIP Coral Gables, FL 33146	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Irigoyen, Bert	
STREET ADDRESS 7621 SW 54th Ave.	
CITY-ST-ZIP Miami, FL 33143	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Irigoyen, Christine	
STREET ADDRESS 7621 SW 54th Ave.	
CITY-ST-ZIP Miami, FL 33143	
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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)