

-2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90455 046 ***150.00

DOCUMENT # P95000050180

1. Entity Name
ALTEX INTERNATIONAL, INC.

Principal Place of Business Mailing Address
1730 NW 20TH ST **1730 NW 20TH ST**
MIAMI FL 33142 **MIAMI FL 33142-7453**
US **US**

2. Principal Place of Business 3. Mailing Address
5596 N.W. 161ST. ST. **5596 N.W. 161ST ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Florida. **Miami Florida.**

Zip Country Zip Country
33014 **U.S.A.** **33014** **U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0594743** 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

PEREZ, PEDRO L
1732 NW 20 ST.
MIAMI FL 33142

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 _____ DATE _____
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	DST PEREZ, PEDRO L 1732 NW 20 ST. MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	DP HERNANDEZ, FERRAIN A. 2750 NE 183RD ST AVENTURA FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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

4/20/00
Date

Daytime Phone #

CR2E034 (19/99)