

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90049 005 \*\*\*150.00

**DOCUMENT # P99000052734**

1. Entity Name  
**RAMON ALEJANDRO, INC.**

Principal Place of Business <b>3953 SW 22 TERRACE MIAMI FL 33145</b>	Mailing Address <b>3353 SW 22 TERRACE MIAMI FL 33145-3111</b>
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00033395



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3362 SW 23 STREET</b>	3. Mailing Address <b>3362 SW 23 STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>	4. FEI Number <b>65-0927372</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33145</b>	Country <b>USA</b>	Zip <b>33145</b>	Country <b>USA</b>

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**

**ALEJANDRO, RAMON D  
 3353 SW 22 TERRACE  
 MIAMI FL 33145**

Name <b>ALEJANDRO, RAMON D.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>3362 SW 23 STREET</b>
City <b>MIAMI</b>
State <b>FL</b>
Zip Code <b>33145</b>

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 *Ramon D. Alejandro* **president** **3.2.2000**  
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**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALEJANDRO, JOSE R</b> <b>3353 SW 22 TERRACE</b> <b>MIAMI FL 33145</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ALEJANDRO, JOSE R.</b> <b>3362 SW 23 ST.</b> <b>MIAMI, FL 33145</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Ramon D. Alejandro* **3.2.2000** **305 443 6325**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)