pa 1ch2

2009 UNIFORM BUSINESS REPORT (UBR)

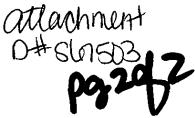
DOCUMENT # \$67503 1. Entity Name ALEX'S PLACE, INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA O1 AUG 28 AM 10: 51			
Principal Place of Business 857 WASHINGTON AVENUE MIAMI BEACH FL 33139-5802			Mailing Address 857 WASHINGTON AVENUE MIAMI BEACH FL 33139-5802					,		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. F	4. FEI Number 65-0276097 Applied For Not Applied For			
Zip	Country		Zip	Count		5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
FERNANDEZ, CARLOS 857 WASHINGTON AVENUE MIAMI BEACH FL 33139					Name Street Add	dress (P.O. B	ox Number is Not Acceptable)			
•					City	FL Zip Code		ode		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re Part					IS \$550.00 Fee will be	\$750.00	notating) DATE 10. Election Campaign Financing Trust Fund Contribution.		.00 May Be	
11. TITLE NAME STREET ADORESS CITY-ST-ZIP	FERNANDEZ, CARLOS 835 LENOX AVE #306				I .	ADDITIONS/CHANGES TO OFFICERS AND DIRE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Delete LUTZ, MONICA 835 LENOX AVE #306 MIAMI BEACH FL 33139				E IE EET ADDRESS -ST-ZIP	Change Addition 300045715437 -09/06/0101016014 ****150.00 ****150.00 Change Addition			3—— 7	
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	ر عنن روجنت		☐ Delete				ر د محمد دستو چیست سیستی میرستاند	Chang	e Addition	
TITLE Name Street address City-St-Zip	* ÷		☐ Delete		I .		·	☐ Chang	e 🔲 Addition	
titlij Namę² Streev address City®st°zip			☐ Delete					Change	e 🛅 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				7	Change SF		

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 exempte 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 all other tempowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRITYED NAME OF SIGNAU OFFICER OR DIRECTOR

TO WHOM IT MAY CONCERN:



DUE TO A MAJOR BUSINESS INTERRUPTION CAUSED BY THEFT, WE WERE SHUT DOWN FROM JANUARY 5, 2001 TO MAY 12, 2001. MANY DOCUMENTS WERE STOLEN AND WE WERE CAUSED GREAT HARDSHIP.

WE WERE UNABLE TO LOCATE OUR ORIGINAL UBR REPORT.

TRULY YOURS,

JAY M. NEEDELMAN COMPANY BOOKKEEPER