## 2003 FOR PROFIT CORPORATION

## FILED Jan 24, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State 435077 DOCUMENT # 1. Entity Name 01-24-2003 90079 023 \*\*\*150.00 ALEJANDRE CONSTRUCTION, INC. Principal Place of Business Mailing Address 4141 S.W. 74TH COURT 4141 S.W. 74TH COURT MIAMI FL 33155-4423 MIAMI FL 33155-4423 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State Applied For 59-1488385 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALBERTO A. ALEJANDRE ALBERTO, A A Street Address (P.O. Box Number is Not Acceptable) 4141 S.W. 74TH CT. MIAMI FL 33155 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Delete TITLE ☐ Change TITLE ALEJANDRE, ALBERTO A NAME NAME ALEJANDRO E. GONZALEZ 4141 S.W. 74TH CT. STREET ADDRESS STREET ADDRESS 4141 SW 74th Ct. MIAMI FL CITY-ST-ZIP CITY-ST-ZIP <u>Miami, Fl 33155</u> **VPD** ☐ Delete TITLE ☐ Change ☐ Addition TITLE ANA L. RIOS NAME NAME STREET ADDRESS 4141 S.W. 74TH CT. STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

ZEAna L. Rios ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

1/22/03

(305)264-5151

☐ Change

☐ Change

CR2E034 (10/02)

☐ Addition

Addition

Addition