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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 627098			
1. Entity Name ALEX'S FLAMINGO GROVES, INC.			
Principal Place of Business 236 N FEDERAL HWY DANIA, FL 33004 US		Mailing Address PO BOX 1802 DANIA, FL 33004 US	
2. Principal Place of Business 236 N. Federal Hwy.		3. Mailing Address 236 N. Federal Hwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dania, Florida		City & State Dania, Florida	
Zip 33004	Country USA	Zip 33004	Country USA
4. FEI Number 59-1940554		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDINA, ALEXANDER L 236 N FEDERAL HIGHWAY DANIA, FL 33004		7. Name and Address of New Registered Agent Name Medina, Arael Street Address (P.O. Box Number is Not Acceptable) 236 North Federal Highway City Dania FL Zip 33004	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Arael Medina</u> , Arael Medina 4/24/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when assisting)			
FILE NOW!! FEE IS \$150.00 After May 1, 2003, fee will be \$200.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDINA, ALEXANDER L 236 N FEDERAL HWY DANIA, FL 33004 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Medina, Arael 236 North Federal Highway Dania, Florida 33004 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEDINA, GUISELA J 236 N FEDERAL HWY DANIA, FL 33004 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Medina, Connie 236 North Federal Highway Dania, Florida 33004 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Arael Medina</u> President		4/24/03 954-920-5247	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Clerk's Phone #	

CFR2034 (10/02)

4/30