

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90755 012 *****50.00

DOCUMENT # L02000002967

1. Entity Name

ALEXANDRE ENTERPRISES, L.L.C.



Principal Place of Business

**6900 SILVER STAR ROAD, STE 205
ORLANDO FL 32818**

Mailing Address

**6900 SILVER STAR ROAD, STE 205
ORLANDO FL 32818**

2. Principal Place of Business

6900 SILVER STAR RD

3. Mailing Address

6900 SILVER STAR RD

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

ORLANDO FL

City & State

FL 32818 ORL.

Zip

32818

Country

ORANGE

Zip

32818

Country

ORANGE

4. FEI Number

80-0036486

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALEXANDRE, SANDRINA T

**5242 N. ORANGE BLOSSOM TRAIL #301 1031 Coastal CR.
ORLANDO FL 32810**

OCDEE, FL

34761

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition

PRESIDENT
SANDRINA T. ALEXANDRE
1031 COASTAL CIRCLE
OCDEE FLORIDA 34761

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SANDRINA T. ALEXANDRE **407-291-3008**

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/29/03**

Daytime Phone #

CR2E083 (10/02)