

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L31515

1. Entity Name

Bert Alexander & Associates, Inc.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90191 038 ***150.00

Principal Place of Business

Mailing Address

420 Blue Rd.
Coral Gables, FL 33146

P.O. Box 330395
Miami, FL
33233

2. Principal Place of Business

7621 SW 54th Ave.
Suite, Apt. #, etc.

3. Mailing Address

7621 SW 54th Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
Zip
33143
Country
U.S.A.

City & State
Miami, FL 33143
Zip
33143
Country
U.S.A.

4. FEI Number

65-0186181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Irigoyen, Bert
420 Blue Rd.
Coral Gables, FL 33146

7. Name and Address of New Registered Agent

Name
Irigoyen, Bert

Street Address (P.O. Box Number is Not Acceptable)

7621 SW. 54th Ave.

City
Miami

FL

Zip Code
33143

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

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

TITLE DPS	<input type="checkbox"/> Delete
NAME Irigoyen, Bert	
STREET ADDRESS 420 Blue Rd.	
CITY-ST-ZIP Coral Gables, FL 33146	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Irigoyen, Bert	
STREET ADDRESS 7621 SW 54th Ave.	
CITY-ST-ZIP Miami, FL 33143	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Irigoyen, Christine	
STREET ADDRESS 7621 SW 54th Ave.	
CITY-ST-ZIP Miami, FL 33143	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)