

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L78860

1. Entity Name

ALEXANDER H. COMPANIES INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90039 034 ***150.00

Principal Place of Business

~~9300 NW 58 ST
MIAMI FL 33178
US~~

Mailing Address

~~9300 NW 58 STREET
MIAMI FL 33178-1631
US~~

2. Principal Place of Business

2801 Ponce de Leon Blvd

3. Mailing Address

2801 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 1010

Suite, Apt. #, etc.

Suite 1010

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

4. FEI Number

65-0224588

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MANUEL COHEN
9300 NW 58 ST
STE 209
MIAMI FL 33178~~

7. Name and Address of New Registered Agent

Name

CUNILL, JAIME

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

2801 Ponce de Leon Blvd.

Suite 1010

City

Coral Gables

FL

Zip Code
33134

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	PMST	<input checked="" type="checkbox"/> Delete
NAME	COHEN, MANUEL	
STREET ADDRESS	9300 NW 58 ST, STE 209	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARINAKYS, JUAN C.	
STREET ADDRESS	9300 NW 58 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAPURRO, JUAN MIGUEL	
STREET ADDRESS	1581 BRICKELL AVE., #502	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, AUGUSTO	
STREET ADDRESS	9300 NW 58 ST STE 209	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FROCHAUX, CHRISTOPHE	
STREET ADDRESS	9300 NW 58 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNILL, JAIME	
STREET ADDRESS	2801 Ponce de Leon Blvd. Suite 1010	
CITY-ST-ZIP	Coral Gables, Fl. 33134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINAKYS, JUAN C.	
STREET ADDRESS	2801 Ponce de Leon Blvd. Suite 1010	
CITY-ST-ZIP	Coral Gables, Fl. 33134	
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 #

3/24/00

(305) 444-2940

CR2E034 (9/99)