

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057676

1. Entity Name
ALEXANDER PROPERTY MANAGEMENT, INC.

Principal Place of Business

12410 SW 1ST COURT
PLANTATION FL 33325

Mailing Address

12410 SW 1ST COURT
PLANTATION FL 33325

2. Principal Place of Business

4700 Dakes Road
Suite, Apt. #, etc.
Bay A+B
City & State
DAVIE, FL

Zip
33314

Country

Broward

3. Mailing Address

4700 Dakes Road
Suite, Apt. #, etc.
Bay A+B
City & State
DAVIE FL

Zip
33314

Country

Broward

6. Name and Address of Current Registered Agent

BRILL, THEODORE F ESQ
THEODORE F. BRILL, P.A.
8211 WEST BROWARD BLVD SUITE 380
PLANTATION FL 33324-2737

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.

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
MARK ALEXANDER
12410 SW 1st Court
Plantation, FL 33325

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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

9-10-01 954-316-7031

Date

Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90046 049 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1016233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

0069496 AV

CR2E034 (5/01)