

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2002 8:00 am
Secretary of State

05-02-2002 90114 017 ***150.00

DOCUMENT # P000000060170 ✓
1. Entity Name
ALEXANDER'S JEWELRY INC

Principal Place of Business
36 NE 1ST STREET STE 152
MIAMI, FL 33132-2487

2. Principal Place of Business
SOME

3. Mailing Address
SOME

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For
☐ **Not Applicable**

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIELA PARRA
36 NE 1ST STREET STE 152
MIAMI, FL 33132-2487

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 X

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 filing requirements 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P MARIELA PARRA ☐ Delete
STREET ADDRESS 36 NE 1ST STREET STE 152
CITY-ST-ZIP MIAMI, FL 33132-2487

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

TITLE
NAME ALEJANDRO PARRA ☐ Delete
STREET ADDRESS 36 NE 1ST STREET STE 152
CITY-ST-ZIP MIAMI, FL 33132-2487

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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NAME ☐ Delete
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex F. Parra

4-23-02

305-358-0515

Date

Daytime Phone #