

DOCUMENT # P00000082571

1. Entity Name:

ALEXMAR ENTERPRISES, INC.

FILED

02 JAN 29 PM 2:22

Principal Place of Business

Mailing Address

110 FONTAINBLEU BLVD #305
MIAMI, FL 33172110 FONTAINBLEU BLVD #305
MIAMI, FL 33172SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1128255

Applied For

Not Applicable

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

ZUNIGA, MARCIA.

110 FONTAINBLEU BLVD #305

MIAMI, FL 33172.

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 (Required for change of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

01-23-02

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, 2002 Fee will be \$350.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FUENTES, ALEX		NAME	
STREET ADDRESS 110 FONTAINBLEU BLVD #305		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33172		CITY-ST-ZIP	
TITLE ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME ZUNIGA, MARCIA		NAME	
STREET ADDRESS 110 FONTAINBLEU BLVD #305		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33172		CITY-ST-ZIP	
TITLE V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FUENTES, CHRISTIAN		NAME	
STREET ADDRESS 110 FONTAINBLEU BLVD #305		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33172		CITY-ST-ZIP	
TITLE VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FUENTES, PAOLA		NAME	
STREET ADDRESS 110 FONTAINBLEU BLVD #305		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33172		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

000004910890--5
-02/12/02--01011--025
****600.00 ****600.00000004910890--5
-02/12/02--01011--026
****300.00 ****300.00

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 provided 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 of this report as an attachment with my signature, with all other like amendments.