

# 2003 UNIFORM BUSINESS REPORT (UBR)

0205787 AV

DOCUMENT # P01000008255

1. Entity Name

ALEXANDRA LANTIGUA, INC.

FILED

03 APR 14 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

25 SE 2ND AVENUE #1237  
MIAMI FL 33131

Mailing Address

25 SE 2ND AVENUE #1237  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

25 SE 2ND AVE

3. Mailing Address

25 SE 2ND AVE

Suite, Apt. #, etc.

714

Suite, Apt. #, etc.

714

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

65-107-0880

Applied For

Not Applicable

Zip

Country

33131

USA

Zip

Country

33131

USA

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

LANTIGUA, ALEXANDRA  
25 SE 2ND AVENUE  
MIAMI FL 33131

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

*Alexandra Lantigua*

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, 2002 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 PSTD  
NAME LANTIGUA, ALEXANDRA  
STREET ADDRESS 7915 NW 8TH STREET #4  
CITY-ST-ZIP MIAMI FL 33126

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

300016130713  
04/17/03--01009--023 \*\*150.00

TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

*Alexandra Lantigua*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 381-8850

Daytime Phone #

CR2E034 (9/01)