

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90139 009 ***150.00

DOCUMENT # P01000009319

1. Entity Name

R. ALEXIS, INC.



Principal Place of Business

5300 NW 33 AVE STE 117

FT LAUDERDALE FL 33309

Mailing Address

5300 NW 33 AVE STE 117

FT LAUDERDALE FL 33309

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

65-1071711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SERCHAY, ALLAN

5300 NW 33 AVE STE 117

FT LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	D ALEXIS, RICHARD	☐ Delete
STREET ADDRESS CITY-ST-ZIP	301 GOLDEN ISLES DR STE 114 HALLANDALE FL 33000	
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P ALEXIS, RICHARD	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	100 GOLDEN ISLES DR. PH 10 HALLANDALE, FL 33000	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)