

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90092 046 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000058406					
1. Entity Name JULIAN ALEXANDER & ASSOCIATES INCORPORATED					
Principal Place of Business 20533 BISCAYNE BLVD. SUITE N-233 AVENTURA, FL 33180		Mailing Address 20533 BISCAYNE BLVD. SUITE N-233 AVENTURA, FL 33180			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0407493	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent ALEXANDER, JULIAN 20533 BISCAYNE BLVD. SUITE N-233 AVENTURA, FL 33180				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.26 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ALEXANDER, JULIAN		NAME		
STREET ADDRESS	20533 BISCAYNE BLVD N-233		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		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
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CITY-ST-ZIP			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		
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 like empowered.					
SIGNATURE: _____			Date: 9/15/03		
SIGNATURE AND EXEMPT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # _____		

90156653

☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)