## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 13, 2002 8:00 am Secretary of State DOCUMENT # P01000065208 1. Entity Name 05-13-2002 90254 046 \*\*\*150.00 ALEX HOME INVESTMENT AND IMPROVEMENT, INC. Principal Place of Business Mailing Address 2060 SW 71ST TERR, SUITE #E-6 2060 SW 71ST TERR. SUITE #E-6 **DAVIE FL 33317** DAVIE FL 33317 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI, Number 65-11/7094 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22 ST, 4TH FLOOR MIAMI FL 33145 City Zip Code Fl 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \_10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intaggible **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE ☐ Chance TITLE NAME NAME KIRA. ALEXANDRU STREET ADDRESS STREET ADDRESS 2060 SW 71ST TERR, SUITE #E-6 CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33317** TITLE ☐ Delete TITLE Change . Addition NÀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition : Delete : TITLE. ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

FILED