

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

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90101 044 \*\*\*150.00

DOCUMENT # P02000079025

1. Entity Name

Alex Appliance Solution, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6314 SW 147 PL Circle

Suite, Apt. #, etc.

3. Mailing Address

6314 SW 147 PL Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FLA

4. FEI Number

13-4205174

Applied For

Not Applicable

Zip

33193

Country

USA

Zip

33193

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Salazar, Alexander

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

6314 SW 147 Place Circle

City

MIAMI

FL

Zip Code

33193

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P  
NAME Salazar, Alexander  
STREET ADDRESS 6314 SW 147 PL Circle  
CITY-ST-ZIP MIAMI, FL, 33193

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME Salazar, Zolayne  
STREET ADDRESS 6314 S.W. 147 Place Circle  
CITY-ST-ZIP MIAMI, FL, 33193

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

Alexander Salazar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20/03

Date

305-887-4185

Daytime Phone #

CR2E034B (12/02)