

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028415

1. Entity Name

ALEX CHANNING INCORPORATED

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90055 023 ***150.00

Principal Place of Business 3841 NORTH EAST SECOND AVENUE #302 MIAMI FL 33137-3639	Mailing Address 3841 NORTH EAST SECOND AVENUE #302 MIAMI FL 33139-2528
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1616 MICHIGAN AVENUE	3. Mailing Address 1616 MICHIGAN AVENUE
Suit, Apt. #, etc. #07	Suit, Apt. #, etc. #07
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139	Country USA

4. FEI Number **65-0408083** | Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANNING, ALEX
 1616 MICHIGAN AVE.
 #7
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P CHANNING, ALEX 1616 MICHIGAN AVE. MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ALEX CHANNING, PRESIDENT Date: 01/18/00 Daytime Phone #: 305-531-2020