

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000042063

1. Entity Name

ALEXANDER H. FACTORS INTERNATIONAL, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90039 033 ***150.00

Principal Place of Business

~~9300 NORTHWEST 58TH STREET
SUITE 209
MIAMI FL 33178~~

Mailing Address

~~9300 NORTHWEST 58TH STREET
SUITE 209
MIAMI FL 33178-1632~~

2. Principal Place of Business

2801 Ponce de Leon Blvd

3. Mailing Address

2801 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 1010

Suite, Apt. #, etc.

Suite 1010

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0421881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~COHEN, MANUEL
9300 NW 58 STREET
STE. 209
MIAMI FL 33178~~

7. Name and Address of New Registered Agent

Name

CUNILL, JAIME

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

2801 Ponce de Leon Blvd.

Suite 1010

City

Coral Gables

FL

Zip Code
33134

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)

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

TITLE ~~DPST~~ ☐ Delete
NAME ~~COHEN, MANUEL~~
STREET ADDRESS ~~9300 NW 58 ST~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE ~~D~~ ☐ Delete
NAME ~~MARINAKYS, JUAN C~~
STREET ADDRESS ~~9300 NW 58 STREET - SUITE 209~~
CITY-ST-ZIP ~~MIAMI FL 33178~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Change ☒ Addition
NAME CUNILL, JAIME
STREET ADDRESS 2801 Ponce de Leon Blvd. - Suite 1010
CITY-ST-ZIP Coral Gables, FL. 33134

TITLE ~~D~~ ☒ Change ☐ Addition
NAME MARINAKYS, JUAN C
STREET ADDRESS 2801 Ponce de Leon Blvd Suite 1010
CITY-ST-ZIP Coral Gables, FL. 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jaime Cunill
JAIME CUNILL

3/24/00
Date

(305) 444 2940
Daytime Phone #