

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055031

1. Entity Name

ALEX'S PLACE OF FORT LAUDERDALE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90184 027 ***150.00

Principal Place of Business

1921 S. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33316

Mailing Address

1921 S. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33316-3548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0431050

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

7. Name and Address of New Registered Agent

METROVICH, ALEX W
1921 S. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33316

Name METROVICH, PETER W.

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

3020 N. CENTER AVE

City FT. Lauderdale FL Zip Code 33308

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 V
NAME METROVICH, PETER
STREET ADDRESS 3020 NORTH CENTER AVE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President - V.P.
NAME METROVICH, PETER W.
STREET ADDRESS 3020 N. CENTER AVE
CITY-ST-ZIP FT Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
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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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)