

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056835

1. Entity Name

AL-EX OF TAMPA BAY, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90227 029 ***150.00

Principal Place of Business

Mailing Address

4407 E. HILLSBOROUGH
TAMPA FL 33610
US

4407 E. HILLSBOROUGH AVE.
TAMPA FL 33610-5246
US

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

59-3208789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IWANOW, ALEX
7535 N. ARMENIA AVE.
TAMPA FL 33604

Name

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

4407 E. HILLSBOROUGH AV

City

TAMPA

FL

Zip Code

33610

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

Alex Iwanow

(NOTE: Registered Agent signature required when reinstating)

DATE

04-05-2000

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	D	<input type="checkbox"/> Delete
NAME	IWANOW, ALEX	
STREET ADDRESS	4407 E. HILLSBOROUGH AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alex Iwanow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2000 813/621-8861
Date Daytime Phone #

CR2E034 (9/99)