

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90108 033 ***150.00

DOCUMENT # P93000080340

1. Entity Name
ALEXMI INVESTMENT, CORP.



Principal Place of Business
**8530 N.W. 174 STREET
MIAMI FL 33015**

Mailing Address
**8530 N.W. 174 STREET
MIAMI FL 33015**



2. Principal Place of Business
530 W. 66 St
Suite, Apt. #, etc.

3. Mailing Address
530 W. 66 St
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Hialeah, Florida
Zip
33012 Country
U.S.A.

City & State
Hialeah, FL
Zip
33012 Country
U.S.A.

4. FEI Number
65-0462004

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREZ, MIGUEL A LEJANDR
8530 N.W. 174 STREET
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name
MIGUEL J. Benitez

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

530 W. 66 St.

City
Hialeah

FL

Zip Code
33012

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 ***miguel JB Benitez**

(NOTE: Registered Agent signature required when reinstating)

2/5/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D PEREZ, MIGUEL A
8241 N.W. 172ND ST.
MIAMI FL 33015** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
MIGUEL J. Benitez
530 W. 66 St.
Hialeah, FL 33012** ☒ Change ☐ Addition

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

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ***miguel JB Benitez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03
Date

305-823-6340
Daytime Phone #

CR2E034 (10/02)