## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P93000082469** Aug 11, 2000 8:00 am Secretary of State 1. Entity Name ALEXMEX S.A.C.V. INC. 08-11-2000 90093 015 \*\*\*550.00 Principal Place of Business Mailing Address 7975 NW 162 ST 7975 NW 162 ST MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address 8475 MENTEITH TERR 8475 MENTEITH TERR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0451808 MIAMI LAKES MIAMI LAKES Not Applicable Zip 33016 Country \$8.75 Additional 5. Certificate of Status Desired USA 33o 16 Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent HECHAVARRIA HECHAVARRIA, CARMEN Street Address (P.O. Box Number is Not Acceptable) 7975 NW 162 ST MIAMI LAKES FL 33016 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE TITLE Delete HECHAVARRIA. CARMEN NAME NAME 8475 MENTEITH TERR STREET ADDRESS 7975 NW 162 ST STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE HECHAVARRIA, CARLOS NAME 7975 NW 162 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE . Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 /9/00 Date

Daytime Phone #