

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90781 023 ***150.00

DOCUMENT # P93000082469

1. Entity Name

ALEXMEX S.A.C.V. INC.

Principal Place of Business

8475 MENTEITH TERR
MIAMI LAKES FL. 33016

Mailing Address

1800 WEST 49 ST. # 121
HIALEAH, FL. 33012

2. Principal Place of Business

3. Mailing Address

1800 WEST 49 ST # 121

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HIALEAH, FL. 33012

City & State

City & State

4. FEI Number

65-0451808

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HECHAVARRIA, CARMEN
8475 MENTEITH TERR
MIAMI LAKES FL. 33016

Name

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

10550 N.W. 77th COURT #208

City

HIALEAH GARDENS

FL

Zip Code

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 registering)

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, 2002 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	PD	☐ Delete
NAME	HECHAVARRIA, CARMEN	
STREET ADDRESS	8475 MENTEITH TER	
CITY-ST-ZIP	MIAMI LAKES FL. 33016	
TITLE		☐ Delete
NAME	HECHAVARRIA CARLOS	
STREET ADDRESS	8475 MENTEITH TER	
CITY-ST-ZIP	MIAMI LAKES FL. 33016	
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	PRESIDENT	☒ Change ☐ Addition
NAME	HECHAVARRIA, CARMEN	
STREET ADDRESS	10550 N.W. 77th COURT #208	
CITY-ST-ZIP	HIALEAH GARDENS, FLORIDA 33016	
TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	HECHAVARRIA, CARLOS	
STREET ADDRESS	10550 N.W. 77th COURT #208	
CITY-ST-ZIP	HIALEAH GARDENS, FLORIDA 33016	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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)(b), 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:

Carmen Hechavarría
CARMEN HECHAVARRIA

President 4-10-02

305-231-0733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally Signed

CR2E034 (9/01)