

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90360 001 \*\*\*150.00

0144453 AV

**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  
**c/o Lopez Accounting**

3. Mailing Address  
**1800 W. 49 St.**

Suite, Apt. #, etc.  
**#121**

City & State  
**Hialeah, FL**

Zip  
**33012**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HECHAVARRIA, CARMEN  
10550 NW 77TH COURT #208  
HIALEAH GARDENS FL 33016**

4. FEI Number **65-0451808**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>HECHAVARRIA, CARMEN</b>	
STREET ADDRESS <b>10550 NW 77TH COURT #208</b>	
CITY-ST-ZIP <b>HIALEAH GARDENS FL 33016</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>HECHAVARRIA, CARLOS</b>	
STREET ADDRESS <b>10550 NW 77TH COURT #208</b>	
CITY-ST-ZIP <b>HIALEAH GARDENS FL 33016</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowerment.

SIGNATURE: *Carmen Hechavarría, Pres.* Date: *4/20/03* Daytime Phone #: *305-825-3537*

CR2E034 (10/02)