2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # **P95000059772**

1. Entity Name

Principal Place of Business

ALTERNATIVE EXPORTS, INC.

1031 SUNSHINE LANE #104 1001 SUNSHINE LANE #104 905295 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714-3812 <u>Princes to in the inter-</u> 3. Mailing Address 2. Principal Place of Business . Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3340758 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HINERMAN, GREG Street Address (P.O. Box Number is Not Acceptable) 1031 SUNSHINE LANE #104 植物等化的 化二氯化甲磺胺磺基甲酚 医皮肤 ALTAMONTE SPRINGS FL 32714 Zip Code City 1951 Car 18 18 18 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 reinstating) DATE EILE-NOW!!!-FEE-IS-\$150:00---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 MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change D Delete TITLE TITLE NAME HINERMAN, GREG NAME STREET ADDRESS STREET ADDRESS 607 MOSS DRIVE CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE

13. Thereby 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.

NAME

TITLE NAME

TITLE

NAME

Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

FILED

Jan 24, 2000 8:00 am Secretary of State

01-24-2000 90098 006 ***150.00

☐ Addition

☐ Addition