

FILED  
Aug 19, 2002 8:00 am  
Secretary of State

07-31-2002 90104 010 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066965  
1. Entity Name  
ALEXANDRIA LIBRARY INCORPORATED

Principal Place of Business  
9236 SW 4 TERRACE  
MIAMI FL 33174  
US

Mailing Address  
P.O. BOX 350097  
MIAMI FL 33135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0620958  
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  
AROCHA, MODESTO A  
401 ANTIQUERA AVE #11  
MIAMI FL 33134

7. Name and Address of New Registered Agent  
Name Arocha Modesto A.  
Street Address (P.O. Box Number is Not Acceptable)  
9236 S.W. 4th Terrace  
City Miami FL Zip Code 33174

*Deputado*

B. 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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 NAME P AROCHA, MODESTO A  
STREET ADDRESS 401 ANTIQUERA AVE #11  
CITY-ST-ZIP MIAMI FL 33134

TITLE NAME  Change  Addition  
STREET ADDRESS 9236 S.W. 4th Terrace  
CITY-ST-ZIP Miami, FL 33174

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
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)(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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Modesto A. Arocha  
Date Daytime Phone #

CR2E034 (4/02)

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

*Attachment*  
~~XXXXXXXXXX~~

41702

DOCUMENT # P95000066965  
1. Entity Name  
*Alexandria Library Incorporated*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*9236 S.W. 4<sup>th</sup> Terrace*  
Suite, Apt. #, etc.

3. Mailing Address  
*P.O. Box 350097*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Miami FL*

City & State  
*Miami FL*

Zip  
*33174*

Country  
*U.S.*

Zip  
*33135*

Country  
*U.S.*

4. FEI Number  
*65-0620958*

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Modesto A. Arocha*

Street Address (P.O. Box Number is Not Applicable)  
*9236 S.W. 4<sup>th</sup> Terrace*

City  
*Miami*

FL Zip Code  
*33135*

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 *Modesto A. Arocha 4/1/02*  
Signature typed or printed name of registered agent and date of application. (NOTE: Registered Agent Signature required when re-electing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE <i>President</i>	NAME <i>Modesto A. Arocha</i>	STREET ADDRESS <i>9236 S.W. 4<sup>th</sup> Terrace</i>	CITY-ST-ZIP <i>Miami FL 33135</i>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *M Arocha* *Modesto A. Arocha 4/1/02*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

Attachment

41702

Alexandria Library Incorporated  
P.O. Box 350097  
Miami, Florida 33135

---

Wednesday, July 24, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Document # P95000066965

Gentlemen:

I am in receipt of your 2002 Uniform Business Report mailed to my office on July 18<sup>th</sup>, 2002.

According to my records, I filed the Corporate Annual Report for Alexandria Library Incorporated on April 1<sup>st</sup>, 2002 with check # 1776 in the amount of \$ 150.00. My records show that the check has yet to clear the bank as of June 30<sup>th</sup>, 2002 bank statement.

I am enclosing another check in the amount of \$ 150.00 payable to Department of State along with a copy of the original report filed on April 1<sup>st</sup> as proof that my report was filed on time.

Cordially yours,

  
Modesto A. Arocha,  
President