

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093449

1. Entity Name

ALEXTON FINANCIAL USA, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90301 004 ***150.00

Principal Place of Business
4103 CARRIAGE DRIVE, #H-3
POMPAO BEACH FL 33069

Mailing Address
4103 CARRIAGE DRIVE, #H-3
POMPAO BEACH FL 33069

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

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

City & State

City & State

4. FEI Number 65-0630434

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

HOFFMANN, JOSE
4103 CARRIAGE DRIVE, #H-3
H-3
POMPAO BEACH FL 33069

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.

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 \$150.00
After MAY 1, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HOFFMAN DE VELUTINI, SILIA	4103 CARRIAGE DRIVE, #H-3	POMPAO BEACH FL 33069	<input type="checkbox"/>
D	HOFFMANN MIJARES, MARIA M	4103 CARRIAGE DRIVE, #H-3	POMPAO BEACH FL 33069	<input type="checkbox"/>
D	HOFFMANN MIJARES, FEDERICO	4103 CARRIAGE DRIVE, #H-3	POMPAO BEACH FL 33069	<input type="checkbox"/>
D	HOFFMANN MIJARES, LEOPOLDO	4103 CARRIAGE DRIVE, #H-3	POMPAO BEACH FL 33069	<input type="checkbox"/>
D	HOFFMANN MIJARES, CECILIA	4103 CARRIAGE DRIVE, #H-3	POMPAO BEACH FL 33069	<input type="checkbox"/>
D	HOFFMANN DE PASSARO, MARISELA	4103 CARRIAGE DRIVE, #H-3	POMPAO BEACH FL 33069	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00

Date

(954) 971-9526

Daytime Phone #

CR2E034 (9/99)