2000 UNIFORM BUSINESS REPORT (UBR)

May 11, 2000 8:00 am Secretary of State DOCUMENT # **P96000008765** ALEX SERVICE, INC. 05-11-2000 90069 001 ***300.00 Principal Place of Business Mailing Address 650 W 64TH DR FAST 26 STREET HIALEAH FL 33012-6556 =:: FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0638086 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALVAREZ, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 7951 S.W. 40TH STREET #208B MIAMI FL 33155 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 66/6) ☐ Addition ☐ Delete Change | PD TITLE ALVAREZ, ALEJANDRO NAME NAME CR2E034 STREET ADDRESS 7951 S.W. 40TH STREET #208B STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33155 ☐ Change Addition Delete TITLE NAME ALVAREZ, BARBARA STREET ADDRESS STREET ADDRESS 7951 S.W. 40TH STREET #208B CITY-ST-ZIP CITI: ST-ZIP MIAMI FL 33155 Change ☐ Addition Delete TITLE HILL SANTANA, RAYSA NAME STREET ADDRESS STREET ADDRESS 7951 S.W. 40TH STREET #208B CITY-ST-ZIP I TO ST ZIP **MIAMI FL 33155** ☐ Change Addition ☐ Delete TITLE THLE NAME STREET ADDRESS SIBEE: ADDRESS CITY-ST-ZIP ST ZIP ☐ Addition ☐ Delete TITLE ☐ Change STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS CONTRACTOR CITY-ST-ZIP 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.

FILED