

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91778 049 ***150.00

DOCUMENT # **P97000012048**

1. Entity Name

**Alexander Towers Realty Group
Inc.**



DO NOT WRITE IN THIS SPACE

11041171

2. Principal Place of Business

3505 So. Ocean Dr.

Suite, Apt. #, etc.

3-B

3. Mailing Address

3505 So. Ocean Dr.

Suite, Apt. #, etc.

3-B

DO NOT WRITE IN THIS SPACE

City & State

Hollywood, Fla.

City & State

Hollywood, Fla.

4. FEI Number

59-3427645

Applied For

Not Applicable

Zip

33019

Country

Broward

Zip

33015

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

AIDA ESTEVEZ

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

7440 S.W. 136 St.

City

Miami

FL

33156

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4-29-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**P. Aida Estevez
7440 S.W. 136 St.
Miami, Fla. 33156**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP ULISES ESTEVEZ
7440 S.W. 136 St.
Miami, Fla. 33156**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

954 920-1407

Daytime Phone #

CR2E034B (12/02)