

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000044032**

1. Entity Name

GARY ALEXANDER & COMPANY, CPA'S, PA.**FILED**
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90057 042 ***150.00

Principal Place of Business

Mailing Address

2701 LEJEUNE ROAD
SUITE 300
CORAL GABLES FL 331342701 LEJEUNE ROAD
SUITE 300
CORAL GABLES FL 33134**C0019759**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

17901 NW 5 STREET
Suite, Apt. #, etc.
201-C17901 NW 5 STREET
Suite, Apt. #, etc.
201-CCity & State
Pembroke Pines, FLCity & State
Pembroke Pines, FL4. FEI Number **65-0778661**Applied For
Not ApplicableZip
33029-2814Country
BLANDZip
33029-2814Country
BLAND5. 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

ALEXANDER, GARY D
2701 LEJEUNE ROAD
SUITE 300
CORAL GABLES FL 33134

Name

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

17901 NW 5 STREET

SUITE 201-C

City

Pembroke Pine

FL

Zip Code

33029-2814

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 State10. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALEXANDER, GARY D
2701 LEJEUNE ROAD, SUITE 300
CORAL GABLES FL 33134TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #