

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90083 044 ***150.00

DOCUMENT # P97000044032

1. Entity Name

GARY ALEXANDER & COMPANY, CPA'S, PA.

Principal Place of Business

17901 NW 5 STREET
 201C
 PEMBROKE PINES FL 33029

Mailing Address

17901 NW 5 STREET
 201C
 PEMBROKE PINES FL 33029

2. Principal Place of Business

601 NW 179 AVENUE
 Suite, Apt. #, etc.
SUITE 104

3. Mailing Address

P.O. Box 823037
 Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

SOUTH FLORIDA, FL

Zip

33029-2810

Country

BROWARD

Zip

33082-3037

Country

BROWARD

4. FEI Number

65-0778661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, GARY D
17901 NW 5 STREET
SUITE 201 C
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

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

601 NW 179 AVENUE

SUITE 104

City

PEMBROKE PINES

FL

Zip Code

33029-2810

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

Gary Alexander

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/01

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, 2001 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 **D** ☐ Delete
 NAME **ALEXANDER, GARY D**
 STREET ADDRESS **2701 LEJEUNE ROAD, SUITE 300**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **601 NW 179 AVENUE, SUITE 104**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33029-2810**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ 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:

Gary Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/01

Daytime Phone #

954-804-1747

CR2E034 (10/00)

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