

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90012 048 \*\*\*150.00

**DOCUMENT # P97000054373**

1. Entity Name  
**ALEXANDER BUILDERS, INC.**

Principal Place of Business

~~7100 N.W. 79TH AVE.~~  
~~TAMARAC FL 33321~~  
 US

Mailing Address

~~7100 N.W. 79TH AVE.~~  
~~TAMARAC FL 33433-4637~~

2. Principal Place of Business

**8909 S.W. 6<sup>th</sup> ST.**

Suite, Apt. #, etc.  
**BOCA RATON**

City & State  
**FL.**

Zip  
**33433**

Country  
**U.S.**

3. Mailing Address

**8909 S.W. 6<sup>th</sup> ST.**

Suite, Apt. #, etc.  
**BOCA RATON**

City & State  
**FL.**

Zip  
**33433**

Country  
**U.S.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0760721**

Applied For  
 Not Applicable

5. Certificate of Status Desired

~~\$8.75~~ Additional Fee Required

6. Name and Address of Current Registered Agent

**CORDOBA, JOSE G**  
~~7100 N.W. 79TH AVE.~~  
~~TAMARAC FL 33321~~

**8909 S.W. 6<sup>th</sup> ST.**  
**BOCA RATON, FL. 33433**

7. Name and Address of New Registered Agent

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 JOSE G. CORDOBA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-00

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	<b>PST</b> <b>CORDOBA, JOSE G</b> <del>7100 N.W. 79TH AVE.</del> <del>TAMARAC FL 33321</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CORDOGA, D E</b> <b>7100 NW 79TH AVE</b> <b>TAMARAC FL 33321</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8909 S.W. 6<sup>th</sup> ST.</b> <b>BOCA RATON, FL. 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

JOSE G. CORDOBA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JOSE G. CORDOBA 4-24-00 561-477-3006**

CR 1E034 (9/99)