

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90234 045 \*\*\*150.00

**DOCUMENT # P97000054373**

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

Principal Place of Business <del>8909 S.W. 6TH STREET</del> <b>BOCA RATON FL 33433</b> US	Mailing Address <del>8909 S.W. 6TH STREET</del> <b>BOCA RATON FL 33433</b> US
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2. Principal Place of Business <b>12457 78th PL NORTH</b>	3. Mailing Address <b>12457 78th PL NORTH</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ROYAL PALM BEACH FL</b>	City & State <b>ROYAL PALM BEACH FL</b>
Zip <b>33412</b>	Zip <b>PALM BEACH</b>
Country <b>P BEACH</b>	Country <b>PALM BEACH</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0760721</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORDOBA, JOSE G**  
~~7100 N.W. 79TH AVE.~~ **12457 78th PL NORTH**  
~~TAMARAC FL 33321~~ **ROYAL PALM BEACH**  
**FL 33412**

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 \_\_\_\_\_ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PST</b> <b>CORDOBA, JOSE G</b> <del>7100 N.W. 79TH AVE.</del> <b>12457 78th PL NORTH</b> <del>TAMARAC FL 33321</del> <b>ROYAL PALM BEACH FL</b> <b>33412</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>CORDOBA, D E</b> <del>7100 NW 79TH AVE</del> <del>TAMARAC FL 33321</del>
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	<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
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 **31 JAN 01** Daytime Phone # **8561 715 4048**

CR2E034 (10/00)