

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058600

1. Entity Name
CHRISTIAN ALEXANDER & CO., INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90077 041 ***550.00

Principal Place of Business
8932 S.W. 129TH TERRACE
MIAMI FL 33176

Mailing Address
8932 S.W. 129TH TERRACE
MIAMI FL 33176

00077360

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0767220

Applied For
Not Applicable

Zip

Country

Zip

Country

5. 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

TORRES, AURELIO A
19051 S.W. 147TH AVENUE
MIAMI FL 33187

Name TORRES, AURELIO A
Street Address (P.O. Box Number is Not Acceptable)
8932 S.W. 129th Terrace
City Miami FL Zip Code 33176

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TORRES, AURELIO A
STREET ADDRESS 19051 S.W. 147TH AVENUE
CITY-ST-ZIP MIAMI FL 33387 ☒ Delete

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

TITLE PD
NAME Torres, Aurelio A
STREET ADDRESS 8932 SW 129th Terrace
CITY-ST-ZIP Miami, FL 33176 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ 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:

Aurelio A. Torres 8-7-00 (305) 971-7513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #