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DOCUMENT # P9800002139 1. Entity Name ALEXANDER & ALEXANDER'S INVESTMENT, INC.						Apr 24, 2000 8:00 am Secretary of State 04-24-2000 90137 024 ***150.00			
Principal Plac	e of Business	Mailing Address		<u> </u>	_				
760 W 63 PLA	CE	2760 W 63 PLACE							
3-102 IIALEAH FL 33	016	23-102 Hialeah FL 33016-4312							
2. Principal Place of Business 12.31 BELLE MERIOE BLVO Suite, Apt. #, etc.		3. Mailing Address 7231 BELLE MEASE BWO Suite, Apt. #, etc.			}	DO NOT WRITE IN THIS SPACE			
City & State		MIAM! FLORIO 17			4.	4. FEI Number 65-0810881 Applied For Not Applicable			
Zip Country MIAMI OADE		33/3 P	Country DAOE		• }		\$8.75 Ac Fee Requir		
	6. Name and Address of Current	Registered Agent		Name	•	Name and Address of New Regis			
FERNANDEZ, JULIO A 2760 W 63 PLACE UNIT 23-102				Street Address	PO B	RNOEZ, JULI Box Number is Not Acceptable) EMERDE BLV	10	-	
HIALEAH FL 33016				City MI	AN	11.FT.	FL Z	gle P	
8. The above	named entity submits this statement for)	ı	d office or regist PES Agent signature requi	OE		-18-0 DATE	0_	
9. This corpo Tax filing r (See criter	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat			10. Election Campaign Financia Trust Fund Contribution.		00 May Be ed to Fees		
11.	OFFICERS AND		12.	100	AE	DDITIONS/CHANGES TO OFFICER			
title Name Street address City-St-Zip	PSTD FERNANDEZ, JULIO 2760 W 63RD PL	🔀 Delete		T ADDRESS . 7.2	RNA 31	INDEZ FULIO BELLE MERDE MI, FLORIOR	Schange BLVO 3111£		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIALEAH FL VPD FERNANDEZ, PATRICIA 2760 W 63RD PL HIALEAH FL	Delete		171	<i>11</i> 77	HANDEZ PATRICE BELLE MEADE MI FLORIOR	Changa	T Addition 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JW Medical () Es	Delete		**	-		~ ⊡ Change	Addition	
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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 regiver 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.

CITY-ST-ZIP

RESIDENT SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR