

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071969

1. Entity Name
ALEX GENERAL SERVICES, INC.

Principal Place of Business

2430 S.W. 12TH ST
MIAMI FL 33135

Mailing Address

2430 S.W. 12TH ST
MIAMI FL 33135

2. Principal Place of Business

2821 NW 21st COURT

3. Mailing Address

2821 NW 21st COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI, FLORIDA

Zip
33142

Country
DADE

Zip
33142

Country
DADE

4. FEI Number
65-0860615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PULIDO, JUAN J

2430 S.W. 12TH ST
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name
JUAN J. PULIDO

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

2821 NW 21st COURT

City
MIAMI

FL

Zip Code
33142

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

08/08/01

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 \$550.00
After September 12, 2001 Fee 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PULIDO, JUAN J
2430 S.W. 12TH ST
MIAMI FL 33135 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PULIDO JUAN J.
2821 NW 21st COURT
MIAMI, FLORIDA 33142 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/01

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90001 033 ***550.00



DO NOT WRITE IN THIS SPACE

0039198 AV

CR2E034 (5/01)