2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071969 1. Entity Name ALEX GENERAL SERVICES, INC.				Secretary of State 02-19-2002 90039 009 ***150.00				
Principal Place of Business Mailing Address								
2821 NW 21 M COURT MIAMI FL 33142		2821 NW 21 M COURT MIAMI FL 33142						
2. Principal Place of Business		3. Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN TH	HIS SPACE		
City & State		City & State		4. FEI Nu	mber 65-0860615		plied For t Applicable	
Zip Country		Zip	Country	5. Certific	ate of Status Desired	\$8.75 Add	itional	
	6. Name and Address of Curren	nt Registered Agent		7. Name	and Address of New Register			
DI II IDO	NIAM 4		Name					
PULIDO, JUAN J 2821 NW 21 M COURT			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
WEST PA	LM BEACH FL 33412					■■ Zin Code		
			City	City FL Zip Code			3	
A. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 20	!!! FEE IS \$150.00 02 Fee will be \$550.00 ble to Department of S)	Election Campaign Financing Trust Fund Contribution.	_ +	0 May Be I to Fees	
14.	OFFICERS AN	ID DIRECTORS	12.	ADDITIO	NS/CHANGES TO OFFICERS			
NAME STREET ADDRESS CITY-ST-ZIP	D PULIDO, JUAN J 2821 NW 21 M COURT MIAMI FL 33142	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee en or on an attachment with an address	t is true and accurate and that apowered to execute this repor	my signature shall have ti t as required by Chapter (Section 119.0 ne same legal (607, Florida Sta	7(3)(i), Florida Statutes. I furthe offect as if made under oath; th ututes; and that my name appe	r certify that the in lat I am an officer lars in Block 11 or	iformation or director Block 12 if	

PROS

SIGNATURE

Daytime Phone #