2000 UNIFORM BUSINESS REPORT (UBR) Apr 14, 2000 8:00 am Secretary of State

04-14-2000 90105 024 ***150.00

| DOCUMENT # 1. Entity Name | P98000084170 | |
|----------------------------|--------------|--|
| ALEX-VA., INC. | | |
| | | |

Principal Place of Business

Mailing Address

| | • | |
|---|---|----|
| 250 VALENCIA AVE. CORAL GABLES FL 33134 | 250 VALENCIA AVE. CORAL GABLES FL 33134-5906 | |
| 2. Principal Place of Business 1828-B N. University Dr | 3. Mailing Address 1828—B N. University Dr. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Plantation. FL | Plantation, FL | _ |
| Zip Country | Zip Country 33322 | |
| 6. Name and Address of Curr | rent Registered Agent | |
| | Name | |
| MILLER, GEORGE D 250 VALENCIA AVE. | | |
| CORAL GABLES FL 33134 | | |
| | City F | 21 |
| | | _ |

DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent MILLER, GEORGE D.

(P.O. Box Number is Not Acceptable) B-B N. University Dr

antation, 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.

George D. Miller 4/5/2000

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, 2000 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE MILLER, GEORGE D NAME NAME MILLER, GEORGE D. 250 VALENCIA AVE. STREET ADDRESS STREET ADDRESS 1828-B N. University Dr. CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP Plantation, FL 33322 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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.