

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90102 001 *1,200.00

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SARA MILLER Suite, Apt. #, etc. 9430 NW 16 STREET City & State PLANTATION, FL Zip 33322 Country US		3. Mailing Address SARA MILLER Suite, Apt. #, etc. 9430 NW 16 STREET City & State PLANTATION, FL Zip 33322 Country US	
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DO NOT WRITE IN THIS SPACE

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SARA MILLER	
Street Address (P.O. Box Number is Not Acceptable) 9430 NW 16 STREET	
City PLANTATION	FL Zip Code 33322

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 *Sara Miller* *SARA MILLER* *4-24-02*
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOEL S. BERKOWITZ 24 HEARTSTONE DR ASHVILLE, NC 28803 P	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAVID C. HENNESSY 11873 SPRING RD STE 10 CONIFER, CO 80433 VP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *DAVID HENNESSY* *4/24/02* *303-838-1400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)