

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000092575**

1. Entity Name

**Alexandra's Fashions & Jewelry, Inc.**

Principal Place of Business

**2200 N. Forsyth Rd. Ste. D-36 Orlando, Florida 32807**

2. Principal Place of Business

**2200 N. Forsyth Rd.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**Orlando, FL**

**32807**

**Orange**

6. Name and Address of Current Registered Agent

**Cordova Migdalia**  
**2200 N. Forsyth Rd Ste. D-36**  
**Orlando, FL 32807**

4. FEI Number

**59-3530062**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

**Carlos Rodriguez**

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

**9414 Brackin St.**

City

**Orlando**

**FL**

Zip Code

**32825**

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

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**

10. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	Cordova Migdalia	
STREET ADDRESS	9814 Farnsworth Ct.	
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	Reveron Aurora	
STREET ADDRESS	9405 Emily Loop apt. 103	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Reveron Aurora	
STREET ADDRESS	9405 Emily Loop apt. 103	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	Gonzalez Alexandra	
STREET ADDRESS	9405 Emily Loop apt. 103	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Rodriguez	
STREET ADDRESS	9414 Brackin St.	
CITY-ST-ZIP	Orlando FL 32825	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANA BURGOS	
STREET ADDRESS	9414 Brackin St.	
CITY-ST-ZIP	Orlando FL 32825	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacqueline Sodjian	
STREET ADDRESS	1746 Carolina St.	
CITY-ST-ZIP	Alford FL 32420	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AURORA REVERON**

**4/29/00 (407) 671-7124**

Date

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90093 032 \*\*\*150.00

**A3065090**

DO NOT WRITE IN THIS SPACE