

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90007 010 ***150.00

DOCUMENT # P98000092575

1. Entity Name

ALEXANDRA'S FASHIONS & JEWELRY, INC.

Principal Place of Business

**2200 N FORSYTH RD. SUITE D-36
 ORLANDO FL 32807**

Mailing Address

**2200 N FORSYTH RD. SUITE D-36
 ORLANDO FL 32807**

549542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2200 N. Forsyth Rd
 Suite Apt. #, etc. H-24**

3. Mailing Address

**Same
 Suite Apt. #, etc. H-24**

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3530062

Applied For

Not Applicable

Zip

32807

Country

Orange

Zip

32807

Country

Orange

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORDOVA, MIGDALIA
 9414 BRACKIN ST
 ORLANDO FL 32825**

7. Name and Address of New Registered Agent

Name

**Carlos Rodriguez
 Street Address (P.O. Box Number is Not Acceptable)
 7415 Gate Horse Cr. apt. 167**

City

Orlando

FL

Zip Code

32807

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

4-29-01

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 \$150.00
 After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CARLOS	
STREET ADDRESS	9414 BRACKIN ST	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BURGOS, ANA	
STREET ADDRESS	9414 BRACKIN ST.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REVERON, AURORA	
STREET ADDRESS	9465 EMILY LOOP APT 102	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, ALEXANDRA	
STREET ADDRESS	6279 CURRY FORD RD APT 152	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CARLOS	
STREET ADDRESS	9414 BRECKIN ST	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SODJIAN, JACKELINE	
STREET ADDRESS	1746 CAROLINA ST.	
CITY-ST-ZIP	ALFORD FL 32420	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wanda T. Hernandez	
STREET ADDRESS	4641 Edgemoor St	
CITY-ST-ZIP	Orlando, Florida 32811	
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		
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

4/29/01 (407) 658-6689

CR2E034 (10/00)