

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
 03-07-2000 90021 031 ***158.75

DOCUMENT # P99000020199

1. Entity Name
ALEXANDER PATRICK, CORPORATION

Principal Place of Business 6600 S.W. 92ND ST. STE. 102 MIAMI FL 33156	Mailing Address P.O. BOX 830245 MIAMI FL 33283-0245
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2. Principal Place of Business 4816 S.W. 72 Av. Suite, Apt. #, etc.	3. Mailing Address P. O. Box 830245 Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number 65-0935697	Applied For <input type="checkbox"/> Not Applicable
Zip 33155	Country U.S.	Zip 33283	Country U.S.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 NIETO, CESAR C
 11938 S.W. 75TH STREET
 MIAMI FL 33183

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Cesar C. Nieto* **CESAR C. NIETO** **02/15/2000**
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NIETO, CESAR C		NAME		
STREET ADDRESS	11938 S.W. 75 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183		CITY-ST-ZIP		
TITLE	DTV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NIETO, MARIA A		NAME		
STREET ADDRESS	11938 S.W. 75 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSALES, PATRICIA		NAME		
STREET ADDRESS	4041 PINE RIDGE LANE		STREET ADDRESS		
CITY-ST-ZIP	WESTON FL 33331		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Cesar C. Nieto* **CESAR C. NIETO** **02/15/00 (305) 667-9006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)