Principal Place of Business

Mailing Address

8888 S.W. 92ND ST. STE. 102 ..... FL 33156

2. Principal Place of Business 4816 S.W. 72

MIAMI,

NIETO, CESAR C

**MIAMI FL 33183** 

(See criteria on back)

11938 S.W. 75TH STREET

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

33155

Suite, Apt. #, etc.

City & State

Av.

FLORIDA

U.S.

6. Name and Address of Current Registered Agent

 $\Box$ 

Country

P.O. BOX 830245 MIAMI FL 33283-0245

3. Mailing Address

City & State

MIAMI,

Zip - 33283

P. O.

Suite, Apt. #, etc.

<u>Box 830245</u>

U.S.

Name

City

FLORIDA

CESAR C. NIETO

FILE NOW!!! FEE IS \$150.00

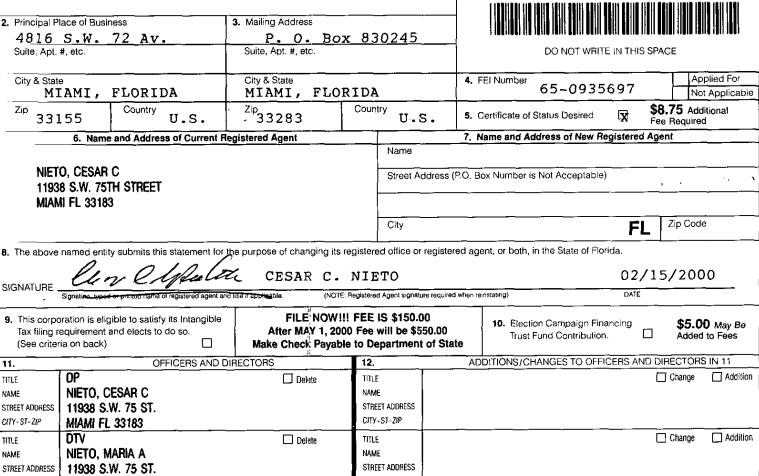
After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000020199** ALEXANDER PATRICK, CORPORATION

## **FILED** Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90021 031 \*\*\*158.75



OFFICERS AND DIRECTORS 12 11. TITLE ☐ Delete TITLE NIETO, CESAR C NAME NAME 11938 S.W. 75 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** ☐ Delete TITLE TITLE NAME NIETO, MARIA A NAME STREET ADDRESS STREET ADDRESS 11938 S.W. 75 ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROSALES, PATRICIA NAME NAME STREET ADDRESS **4041 PINE RIDGE LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 ☐ Change ☐ Addition De'ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

(305)667-9006