2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED

FILED Mar 20, 2000 8:00 am DOCUMENT # **P99000026596** Secretary of State ALEXANDER, INC. 03-20-2000 90036 042 ***150.00 Mailing Address Principal Place of Business 1031 N MIAMI BEACH BLVD 1031 N MIAMI BEACH BLVD NORTH MIAMI BEACH FL 33162-3842 NORTH MIAM! BEACH FL 33162 626459 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0985431 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name SLAVIN, MRK B Street Address (P.O. Box Number is Not Acceptable) 1031 N MIAMI BEACH BLVD NORTH MIAMI BEACH FL 33162 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE P/S/T ALEXANDER, MICHAEL C NAME NAME Alexander, Michael C. 1031 N MIAMI BEACH BLVD STREET ADDRESS STREET ADDRESS 1031 North Miami Beach Flvd. CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 33162 North Miami Beach, Fl. ☐ Delete Addition TITLE NAME Carmen A. Printup STREET ADDRESS STREET ADDRESS 1031 North Miami Beach Blvd. CITY-ST-ZIP CITY-ST-ZIP North Miami Beach, Fl. Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP for the extraption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information a my structure shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607 Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not quality indicated on this report or supplemental report is true and accurate and the of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address 02/08/00 SIGNATURE:

Dale

Daytime Phone #