

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047191

1. Entity Name

ALEXANDER HARVESTING & TRUCKING INC

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90117 048 ***150.00

Principal Place of Business

2240 S.W. 67 TERR.
MIRAMAR FL 33023

Mailing Address

2240 S.W. 67 TERR.
MIRAMAR FL 33023-2761

2. Principal Place of Business

7331 PANAMA ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

Zip

33023

Country

USA

Country

4. FEI Number

65-0900833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, DAVID
2240 S.W. 67 TERR.
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name

ALEXANDER, DAVID

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

7331 PANAMA ST

City

MIRAMAR

FL

Zip Code

33023

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

David Alexander

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID ALEXANDER	
STREET ADDRESS	7331 PANAMA ST	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	MITCHELL ARLIN	
STREET ADDRESS	7331 PANAMA ST	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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
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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:

David Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 965 8250

CR2E034 (9/99)