

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070270

1. Entity Name
ALEXICO & ASSOCIATES, INC.

Principal Place of Business
3231 NORTHWEST 7TH AVE.
BOCA RATON FL 33431

Mailing Address
3231 NORTHWEST 7TH AVE.
BOCA RATON FL 33431

2. Principal Place of Business
19276 SKYRIDGE Circle

3. Mailing Address
19276 SKYRIDGE Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip
33498

Country

Zip
33498

Country
USA

4. FEI Number 65-0939257

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REUBENS, JAY
3231 NORTHWEST 7TH AVE.
BOCA RATON FL 33431

Name
Jay Reubens

Street Address (P.O. Box Number is Not Acceptable)
19276 SKYRIDGE Circle
Boca Raton FL

City
FL Zip Code 33498

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 *Jay Reubens*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/01/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
REUBENS, LINDA
8201-C THAMES BLVD.
BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
19276 SKYRIDGE Circle
Boca Raton FL 33498 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
REUBENS, JAY
8201-C THAMES BLVD.
BOCA RATON FL 33433 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
19276 SKYRIDGE Circle
Boca Raton FL 33498 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Linda Reubens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/01

Date

561-488-0600

Daytime Phone #



DO NOT WRITE IN THIS SPACE

725635

CR2E034 (10/00)