

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90061 020 ***150.00

DOCUMENT #

1. Entity Name

P99000097285

ALEXITO.COM, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2121 W BAY SHORE DR.

3. Mailing Address

P.O. BOX 523350

Suite, Apt. #, etc.

ONE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL

Zip

33137

Country

Zip

33152-3350

Country

4. FEI Number

65-0959185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

D
GEORGE M. GARCIA
2121 NO. BAYSHORE DR # 1
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
VIRGINIA M. GARCIA
2121 NO. BAYSHORE DR # 1
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002 305 592 1341

Date

Daytime Phone #

CR2E034B (12/01)