

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S22355**

1. Entity Name

**THE ALEXANDER OVEN COMPANY, INC.**

Principal Place of Business

**2560 TIGERTAIL AVENUE****#4****COCONUT GROVE FL 33133**

Mailing Address

**2560 TIGERTAIL AVENUE****#4****COCONUT GROVE FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite #16**

Suite, Apt. #, etc.

**Suite #16**

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TSOTSOS, NICHOLAS**  
**2560 TIGERTAIL AVENUE**  
**#4**  
**COCONUT GROVE FL 33133**

Name

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

**Suite #16**

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) ☒**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	<b>VSD</b> <b>TSOTSOS, NICHOLAS</b> <b>2560 TIGERTAIL AVE #4</b> <b>COCONUT GROVE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TSOTSOS, NICHOLAS</b> <b>2560 TIGERTAIL AVE #16</b> <b>COCONUT GROVE FL 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TSOTSOS, THOMAS</b> <b>3013 REGAL OAKS BLVD</b> <b>PALM HARBOR FL 34684</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TSOTSOS, NICHOLAS T</b> <b>2357 BLUERIDGE AVE</b> <b>PALM HARBOR FL 34683</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>VELAZQUEZ, RAY</b> <b>5700 SW 97 ST</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TSOTSOS, THOMAS JR</b> <b>352 TAVERNIER DRIVE</b> <b>OLDSMAR FL 34677</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 

NICHOLAS TSOTSOS

4/30/01

(305) 984-3804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90037 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0244178**

Applied For

Not Applicable

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

CR2E034 (10/00)

0156791