

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S50978

1. Entity Name

ALEXANDER TELLEZ & ASSOCIATES, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90231 015 \*\*\*150.00

Principal Place of Business 9737 NORTHWEST 41ST STREET SUITE 140 MIAMI FL 33178 US	Mailing Address 9737 NORTHWEST 41ST STREET SUITE 140 MIAMI FL 33178-2924 US
--	---

2. Principal Place of Business 10152 COSTA DEL SOL BLVD Suite, Apt. #, etc.	3. Mailing Address 10152 COSTA DEL SOL BLVD Suite, Apt. #, etc.
---	---

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33178	Zip 33178
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0266039	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent

GREEN-TOLLER, ANNETTE  
9737 NW 41ST STREET  
SUITE 140  
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name Green-Tellez, Annette
Street Address (P.O. Box Number is Not Acceptable) 10152 Costa del Sol Blvd
City MIAMI
FL Zip Code 33178

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 Annette Green-Tellez ANNETTE L. GREEN-TELLEZ 1/19/00  
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVT	NAME TELLEZ, ALEXANDER	<input type="checkbox"/> Delete	TITLE PVT	NAME TELLEZ, ALEXANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9737 N.W. 41ST ST. S-140	CITY-ST-ZIP MIAMI FL		STREET ADDRESS 10152 Costa del Sol Blvd	CITY-ST-ZIP MIAMI, FL 33178	
TITLE SD	NAME GREEN-TELLEZ, ANNETTE	<input type="checkbox"/> Delete	TITLE SD	NAME Green-Tellez, Annette	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9737 NW 41ST STREET, SUITE 140	CITY-ST-ZIP MIAMI FL 33178		STREET ADDRESS 10152 Costa del Sol Blvd	CITY-ST-ZIP MIAMI, FL 33178	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		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: Annette Green-Tellez ANNETTE L. GREEN-TELLEZ 1/19/00 305-477-0106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)