

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90011 031 ***150.00

DOCUMENT # S67503

1. Entity Name

ALEX'S PLACE, INC.

Principal Place of Business

**857 WASHINGTON AVENUE
 MIAMI BEACH FL 33139-5802**

Mailing Address

**857 WASHINGTON AVENUE
 MIAMI BEACH FL 33139-5802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0276097

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

**DE BORDA, ALVARY JOSE
 857 WASHINGTON AVENUE
 MIAMI BEACH FL 33139**

Name **CARLOS FERNANDEZ**

Street Address (P.O. Box Number is Not Acceptable)
835 Lenox Ave. #306

City **Miami Beach** FL Zip Code **33139**

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

Carlos Fernandez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 **DPST** Delete
 NAME **DE BORBA, ALVARY JOSE**
 STREET ADDRESS **857 WASHINGTON AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DPS** Change Addition
 NAME **Carlos Fernandez**
 STREET ADDRESS **835 Lenox Ave #306**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **D** Delete
 NAME **DOS SANTOS, ROCHELLE V**
 STREET ADDRESS **857 WASHINGTON AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DVPT** Change Addition
 NAME **Monica Lutz**
 STREET ADDRESS **835 Lenox Ave #306**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **-D-** Delete
 NAME **DE CASTRO E. SILVA, FRANCISCO**
 STREET ADDRESS **857 WASHINGTON AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DE CASTRO E. SILVA, BETANIA GOMES**
 STREET ADDRESS **857 WASHINGTON AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Carlos Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

Daytime Phone #

CR2E034 19/99