

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K11857**

1. Entity Name

ALPINE MARKETING CORPORATION**FILED**
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90037 042 ***150.00

Principal Place of Business

Mailing Address

3407-A N.W. 72ND AVE.
FL 331223407-A N.W. 72ND AVE.
MIAMI FL 33122-1321**600209**

2. Principal Place of Business

9300 SW 58 ST

3. Mailing Address

9300 S.W. 58 ST

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0033002

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**A.G.C. CO.
200 S. ORANGE AVE.
SUITE 2300
ORLANDO FL 32801-3432**

7. Name and Address of New 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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SANCHEZ, JOSE B.	
STREET ADDRESS	3407-A N.W. 72ND AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	S	☐ Delete
NAME	YAGER, WALTER, JR.	
STREET ADDRESS	3407-A N.W. 72ND AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2000 (305) 594-9117

CR2E034 (9/99)