

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000007394**

1. Entity Name
ALPHA FLORIDA ENTERTAINMENT, L.L.C.

FILED

OCT -1 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**990 NW 166TH ST., SUITE A
MIAMI FL 33169**

Mailing Address
**990 NW 166TH ST., SUITE A
MIAMI FL 33169**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
990 NW 166th St

3. Mailing Address
990 NW 166th St

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.
SUITE A

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
06-1589410

Applied For
 Not Applicable

Zip
33169

Country
DADE

Zip
33169

Country
DADE

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

900004621709--81
-10/03/01--01052--010
*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **9-26-01 305-474-9982**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)