

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000080951

FILED
Sep 08, 2002
Secretary of State

Entity Name: ALPINE DISTRIBUTORS INTERNATIONAL, INC.

Current Principal Place of Business:

3330 SPANISH MOSS TERRACE
APT. 412
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

3330 SPANISH MOSS TERRACE
APT. 412
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 65-1102354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALCOLM, SHERYL
6011 RODMAN STREET
SUITE 101
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRYAN, NEVILLE
Address: 3330 SPANISH MOSS TERRACE, APT. 412
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: SPAULDING, BEVERLY
Address: 3330 SPANISH MOSS TERRACE, APT. 412
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: BRYAN, MARK
Address: 3330 SPANISH MOSS TERRACE, APT. 412
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY SPAULDING

MS.

09/08/2002

Electronic Signature of Signing Officer or Director

_____ Date