

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90122 010 ***150.00

DOCUMENT # **P02000024831**



1. Entity Name
ALPHA BETA APPAREL, INC.

Principal Place of Business
**5201 BLUE LAGOON DR. STE 100
MIAMI FL 33126**

Mailing Address
**5201 BLUE LAGOON DR. STE 100
MIAMI FL 33126**

00000011



2. Principal Place of Business
% Thomas J. Skola

3. Mailing Address
% Thomas J. Skola

Suite, Apt. #, etc.
501 Brickell Key Drive, Ste 602

Suite, Apt. #, etc.
501 Brickell Key Dr.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
02-0575871

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

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

**SKOLA, THOMAS J
5201 BLUE LAGOON DR, STE 100
MIAMI FL 33126**

Name
Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Dr, Ste 602
City **MIAMI** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas J. Skola*

DATE **1/15/03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00**

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PTD	MARIO A. Aedo	8407 N.W. 68 ST.	MIAMI, FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Thomas J. Skola	501 Brickell Key Dr., Ste 602	MIAMI, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MARIO J. Aedo	8407 N.W. 68 ST	MIAMI, FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ANA MARIA Aedo	8407 N.W. 68 ST.	MIAMI, FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	TANIA C. BANENS	8407 N.W. 68 ST.	MIAMI, FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ANTOINETTE BANENS	8407 N.W. 68 ST.	MIAMI, FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARIO A. AEDO* **MARIO A. AEDO, PRES** 3-24-03 305-599-8542
Date Daytime Phone #

CR2E034 (10/02)