

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90321 048 \*\*\*150.00

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DOCUMENT # P93000031149

1. Entity Name  
**ALPHA COURIER CORP.**

Principal Place of Business      Mailing Address  
 11570 WILES RD      P O BOX 8693  
 STE 1      CORAL SPRINGS 33075-8693  
 CORAL SPRINGS FL 33076      US  
 US

40059002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**11030 WILES Rd**  
 Suite, Apt. #, etc.  
**SUITE 101**

City & State      City & State

**CORAL SPRINGS - FL**  
 Zip      Country      Zip      Country  
**33076      US**

4. FEI Number      Applied For  
**65-0408992**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BETHENCOURT, MARIA E**  
**7202 NW 38 ST**  
**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      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's 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, 2001 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	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PS</b> <b>BETHENCOURT, MARIA E</b> <b>7202 NW 38 ST</b> <b>CORAL SPRINGS FL 33065</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VT</b> <b>BETHENCOURT, ROBERT J</b> <b>7202 NW 38 ST</b> <b>CORAL SPGS FL 33065</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>V</b> <b>BETHENCOURT, CAROLINE F</b> <b>7202 NW 38 ST</b> <b>CORAL SPGS FL 33065</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exempt on stated in Section 19.07(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, changed, or on an attachment with an address, with a former like empowered.

SIGNATURE: *MARIA E. Bethencourt*      Date: *4-16-01*      Director ID #: *954-345-6466*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Director ID #

CPRE034 (10/00)