

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047643

1. Entity Name

ALPHA CREDIT RESTORATION, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 91409 031 \*\*\*150.00

Principal Place of Business 1876 NORTH UNIVERSITY DR. SUITE 302 PLANTATION FL 33322	Mailing Address 1876 NORTH UNIVERSITY DR. SUITE 302 PLANTATION FL 33322-4126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Same</i> Suite, Apt. #, etc. <i>Suite # 101-T</i> City & State <i>Plantation Fl. 33322</i>	3. Mailing Address Suite, Apt. #, etc. <i>Suite # 101-T</i> City & State
Zip <i>33322</i>	Country

4. FEI Number <b>65-0598791</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SUAREZ, MERY S**  
**1033 NW 81ST TERRACE**  
**PLANTATION FL 33322**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable (DATE) *04/28/00*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SUAREZ, MERRY</b>	
STREET ADDRESS	<b>1033 NW 81ST TERRACE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ECIO E. MOLINA.</b>	
STREET ADDRESS	<b>4975 NW 95 AV.</b>	
CITY-ST-ZIP	<b>PLANTATION FL. 33351</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ (954)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) *04/28/00* Daytime Phone # *452-3614*

CFR2E034 (9/99)