


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0036999 AV

**DOCUMENT # P97000015136**

1. Entity Name  
**ALPHA AUTO TITLE LOAN, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 AUG 29 PM 4:44

Principal Place of Business  
**16635 S DIXIE HWY  
MIAMI FL 33157  
US**

Mailing Address  
**16635 S DIXIE HWY  
MIAMI FL 33157  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0728450**

Applied For  
 Not Applicable

City & State

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**FELDMAN, JAMES R  
10350 SW 107TH TER  
MIAMI FL 33176**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FELDMAN, JAMES R 11635 S DIXIE HWY MIAMI FL 33157</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FELDMAN, STACEY 16635 S DIXIE HWY MIAMI FL 33157</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>900022765679</b>		
<b>09/04/03--01091--013 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *James R. Feldman* **RECORDED** **James R. Feldman** **Aug 22, 2003** **305-253-8604**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

ALPHA AUTO TITLE LOAN, INC.  
16635 South Dixie Hwy. Miami, FL 33157 Phone: 305-253-8604

August 22, 2003

Secretary of State  
Division of Corporations  
Att: Annual Report Section  
409 E. Gaines St.  
Tallahassee, FL 32399

RE: Doc.# P97000015136

Attention: Eula Peterson

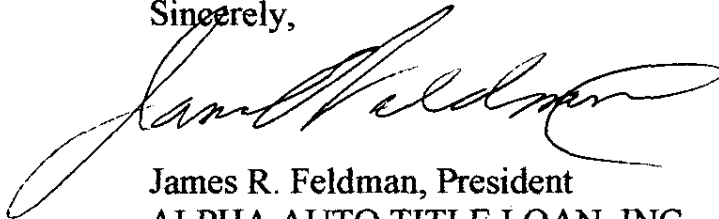
Dear Ms. Peterson:

Per our conversation of today, please accept our check enclosed in the amount of \$150.00 in payment of the Annual Report for the year 2003 for the above-referred corporation.

This is being paid late because Stacey Feldman, who is a director of this corporation, has recently been diagnosed with Multiple Sclerosis. Since she is the person who has always taken care of paying the bills, her work, understandably, has not been up to date. Today, I discovered the late notice and realized we had not received the original bill and am paying this bill immediately.

Please note that we have paid these fees timely in the past, and any reprieve you can give us for payment of the penalty would be greatly appreciated.

Sincerely,

A handwritten signature in cursive script, appearing to read "James R. Feldman".

James R. Feldman, President  
ALPHA AUTO TITLE LOAN, INC.

Encl.