

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93595 021 ***158.75

DOCUMENT # P98000088479 ✓
1. Entity Name
ALPHA BERGLUND INTERNATIONAL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>9999 N.W. 89TH AVE</u>		3. Mailing Address <u>1172 S. DIXIE HWY</u>	
Suite, Apt. #, etc. <u>BAY 3</u>		Suite, Apt. #, etc. <u>#524</u>	
City & State <u>MEDLEY, FL</u>		City & State <u>CORAL GABLES, FL</u>	
Zip <u>33178</u>	Country	Zip <u>33146</u>	Country

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4. FEI Number <u>65-0870116</u>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>KIORTSIS PAUL</u>
Street Address (P.O. Box Number is Not Acceptable) <u>9999 N.W. 89TH AVE. BAY 3</u>
City <u>MEDLEY</u> FL Zip Code <u>33178</u>

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>PMD</u>	TITLE
NAME <u>KIORTSIS PAUL</u>	NAME
STREET ADDRESS <u>740 SANTURCE AVENUE</u>	STREET ADDRESS
CITY-ST-ZIP <u>CORAL GABLES, FL 33143</u>	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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CITY-ST-ZIP	CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: P Kiortsis 4/26/2002 305-666-8262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #