

2002 UNIFORM BUSINESS REPORT (UBR)

0019703 AB

DOCUMENT # **A33524**

1. Entity Name

ALPHA FIRST INVESTORS, LTD.

FILED

02 FEB -6 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**27401 WESTOWN BOULEVARD
SUITE. 1507
WESTLAKE OH 44145**

Mailing Address

**27401 WESTOWN BOULEVARD
SUITE. 1507
WESTLAKE OH 44145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3168443

Applied For
Not Applicable

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

**OLIVER, DAVID S
111 NORTH ORANGE AVENUE
SUITE 2050
ORLANDO FL 32801**

Name

David S. Oliver

Street Address (P.O. Box Number is Not Acceptable)

450 South Orange Avenue, Suite 650

Suite 650

City

Orlando,

FL

Zip Code
32801

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.

DATE

9. Capital Contributions
as Shown on record.

\$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P40861**
NAME **FIRST INVESTORS GRP, INC**
STREET ADDRESS **27401 WESTOWN BLVD. #1507**
CITY-ST-ZIP **WESTLAKE OH 44145**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000004917570--6

02/13/02 01110-005

*******535.00 *****535.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: **First Investors Group, Inc., General Partner**

SIGNATURE:

By: **Signature Required**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

President 2/1/02 (440)835-0950

Date

Daytime Phone #

CR2E003 (9/01)