

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000009137

Entity Name: ALPHA FLITE INC.

Current Principal Place of Business:

13506 SUMMERPORT VILLAGE PKY, SUITE 355
WINDERMERE, FL 34786

Current Mailing Address:

13506 SUMMERPORT VILLAGE PKY, SUITE 355
WINDERMERE, FL 34786 US

FEI Number: 85-3071713

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD., SUITE 36
ORLANDO, FL 32822 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name RICARDO CUMBERBATCH
Address 11014 HAWKSHEAD COURT
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name GLENN PAT MATHEWS
Address 12 JOSEPH COURT
City-State-Zip: BUFFALO NY 14218

Title DIRECTOR
Name AYALA, FRANK ESQ.
Address 1210 CROES AVE.
 #4F
City-State-Zip: BRONX NY 10472

Title TREASURER
Name RICHARD SIMMONS
Address 3 CEDAR BROOK DRIVE
City-State-Zip: SOMERSET NJ 08873

Title DIRECTOR
Name ORSON, NICHOLSON
Address 3001 TRIPLE NOTCH WAY
City-State-Zip: HENRICO VA 23233

Title DIRECTOR
Name KELLY, DAVID PHD
Address 1132 BOYNTON AVE
City-State-Zip: BRONX NY 10472

Title VP
Name EALY, JOHN
Address 6319 MONTERY ROAD
City-State-Zip: ELKRIDGE MD 34786

Title DIRECTOR
Name BARID, ANTHONY DR.
Address 12 UNITED XING
City-State-Zip: UTICA NY 13502

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD SIMMONS

TREASURE

04/22/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MATTOS, STANLEY
Address 508 CLEAR WOOD COURT
City-State-Zip: MARVIN NC 28173