

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106624

Entity Name: ALPHA NY 2, INC.**Current Principal Place of Business:**1300 SAWGRASS CORPORATE PARKWAY
SUITE 220
SUNRISE, FL 33323**Current Mailing Address:**1300 SAWGRASS CORPORATE PARKWAY
SUITE 220
SUNRISE, FL 33323 US**FEI Number:** 20-0292167**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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, DIRECTOR, CEO
Name	ALLAN , CRISTINA
Address	1300 SAWGRASS CORPORATE PARKWAY SUITE 220
City-State-Zip:	SUNRISE FL 33323

Title	TREASURER, DIRECTOR, CFO
Name	RATTNER , DAVID
Address	1300 SAWGRASS CORPORATE PARKWAY SUITE 220
City-State-Zip:	SUNRISE FL 33323

Title	SECRETARY
Name	VARGAS, CLAUDIA
Address	1300 SAWGRASS CORPORATE PARKWAY SUITE 220
City-State-Zip:	SUNRISE FL 33323

Title	ASST. SECRETARY
Name	ERIKS, SHAREE
Address	1300 SAWGRASS CORPORATE PARKWAY SUITE 220
City-State-Zip:	SUNRISE FL 33323

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLAUDIA VARGAS**SECRETARY, CARRIONE** 03/30/2020
BERKELEY ATTORNEY-
IN-FACT_____
Electronic Signature of Signing Officer/Director Detail_____
Date

