

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90151 019 ***150.00

DOCUMENT # 284178

1. Entity Name

ALPHA, INC.

Principal Place of Business

~~265 SEVILLA AVENUE~~
CORAL GABLES FL 33134

Mailing Address

~~265 SEVILLA AVENUE~~
CORAL GABLES FL 33134

2. Principal Place of Business

1101 NORTH GREENWAY DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

City & State

SANNAE

Zip

33134

Country

USA

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, ALAN N
~~265 SEVILLA AVE~~
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1101 NORTH GREENWAY DRIVE
 City **CORAL GABLES, FLORIDA** FL Zip **33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHNEIDER, ALAN N. 265 SEVILLA AVE CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNIEDER MABEL P. 265 SEVILLA AVE CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 1101 NORTH GREENWAY DRIVE CORAL GABLES, FLORIDA, 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. ↑ SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other filers reported.

SIGNATURE: ALAN N. SCHNEIDER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-19-01** Daytime Phone #: **305-444-1167**

CR2E034 (10/00)