

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90287 037 ***150.00

DOCUMENT # 541874

1. Entity Name

ALFAST CORP.

Principal Place of Business

Mailing Address

1720 79TH STREET
 SUITE 107-E
 NORTH BAY VILLAGE FL 33141

1720 79TH STREET
 SUITE 107-E
 NORTH BAY VILLAGE FL 33009-4680

UUUU4114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1749 E Hallandale Beach Blvd.

3. Mailing Address

1749 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

PMB #106

Suite, Apt. #, etc.

PMB #106

City & State
Hallandale FL

City & State
Hallandale FL

4. FEI Number **59-1757379**

Applied For
 Not Applicable

Zip
33009

Country
U.S.A.

Zip
33009

Country
U.S.A.

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

LEVINE, SHERWIN E.
~~1720-79TH STREET~~
SUITE 107-E
NORTH BAY VILLAGE FL 33141

Name
LEVINE, SHERWIN E.
 Street Address (P.O. Box Number is Not Acceptable)
~~1749 E Hallandale Beach Boulevard~~
PMB #106
 City **Hallandale** FL Zip Code **33009**

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	LEVINE, ROBERTA	
STREET ADDRESS	1760 BAY DR MIAMI BCH	
CITY-ST-ZIP	MIAMI BCH., FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVINE, SHERWIN E	
STREET ADDRESS	1760 BAY DR MIAMI BCH	
CITY-ST-ZIP	MIAMI BCH., FL.00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, ROBERTA	
STREET ADDRESS	1749 E Hallandale Beach Blvd. - PMB #106	
CITY-ST-ZIP	Hallandale FL 33009	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, SHERWIN E.	
STREET ADDRESS	1749 E Hallandale Beach Blvd. - PMB #106	
CITY-ST-ZIP	Hallandale FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: Sherwin E. Levine
 SHERWIN E. LEVINE

1/19/00 954-455-1731

Date Daytime Phone #