

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000153**

1. Entity Name

**ALPHA-KEYS ORLANDO RETAIL ASSOCIATES, LTD.**

APPROVED  
AND  
FILED

02 APR 26 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**ORLANDO INTERNATIONAL AIRPORT  
ORLANDO FL 32891**

Mailing Address

**8500 PARKLINE BLVD., STE. 100  
ORLANDO FL 32809**

2. Principal Place of Business

**ORLANDO INT'L Airport**

3. Mailing Address

**8500 Parkline Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste 100**

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

**32891**

Country

**USA**

Zip

**32809**

Country

**USA**

**DUE BY MAY 1, 2002**

4. FEI Number

**54-1837588**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**

**1201 HAYS STREET**

**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

**\$99,000.00**

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

DOCUMENT # **F95000000123**  
NAME **ALPHA AIRPORT SERVICES, INC.**  
STREET ADDRESS **8500 PARKLINE BLVD., #100**  
CITY-ST-ZIP **ORLANDO FL 32809**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**400005449444--4**

STREET ADDRESS

CITY-ST-ZIP

**05/03/02--01035--012  
\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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 provided by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**HILARY LEWIS**

**3/20/02 (407) 888-9902 x217**

Date

Daytime Phone #

0008357  
AT

CR2E003 (9/01)