2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM B	USINESS REP	VNI	(ODN)	
DOCUMENT# A9900 1. Entity Name	0002056	•		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
ALPHA INVESTMENTS, LTD.				DIVISION OF CORPORATIONS
Principal Place of Business Mailing Address				00 APR 24 AM 3: 05
5800 NW 63RD PL 5800 NW			RO PL	
Parkland FL 330	67 Harklam	l FL	33067	7
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State	City & State	City & State		4. FEI Number
Zip Country	Zip	Coun	iry	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of C	urrent Registered Agent	1	Nome	7. Name and Address of New Registered Agent
			Name Street Address	oward S. Vorkin ss (P.O. Box Number is Not Acceptable)
			582	ONW 63RD PLACE
			·	kland FL Zip Code 33067
8. The above named envity expmits this stater	nent for the purpose of changing	its registere	d office or regis	stered agent, or both, in the State of Florida.
Signature, typed or printed name of registere				ulied when reinstating) DATE
Capital Contributions as Shown on record.	10. Amount of Ca in FLORIDA to	o date.		11. MAKE CHECK PAYABLE TO DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
NOTE: General Partne	rs MAY NOT be changed on	the form		ISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.
DOCUMENT # GENERAL PA	RTNER INFORMATION	13.	ET ADDRESS	ADDRESS CHANGES ONLY
NAME STREET ADDRESS STREET ADDRESS	ment Group;	Tinc		6000032567566
CITY-ST-ZIP Parkland /	EL 33067		ST-ZIP	6000032567566 ม -05/18/0001018002 ****141,25 ****141.25
NAME STREET ADDRESS			ST-ZIP	**************************************
CITY-ST-ZIP DOCUMENT #	-	CTREE	ELADORESS	
NAME STREET ADDRESS		-	ST-ZIP	
CITY-ST-ZIP DOCUMENT #				
NAME STREET ADDRESS		STREE	ET ADDRESS	
CITY-ST-ZIP		CITY-	ST-ZIP	
DOCUMENT / NAME		STREE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-	ST-ZIP	
DOCUMENT # NAME	· ······	STREE	ET ADDRESS	· .
STREET ADDRESS CITY-ST-ZIP			ST-ZIP	
I hereby certify that the information supplied indicated on this report is true and accuration the receiver or trustee empowered to execute the receiver of the receiver	te and that my signature shall hav	ve the same	legal effect as	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or
SIGNATURE: SIGNATURE AND TY	PED OR PRINTED NAME OF SIGNING GEN	How ERAL PARTNER	<u>'ard Dva</u>	Lin 4/10/00 954-486-11114 Date Daytime Phone #
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