

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003320 AF

DOCUMENT # **A99000002056**

1. Entity Name

**ALPHA INVESTMENTS, LTD.**

Principal Place of Business

**5800 N.W. 63RD PLACE  
PARKLAND FL 33067**

Mailing Address

**5800 N.W. 63RD PLACE  
PARKLAND FL 33067**

**FILED**

**01 APR -6 PM 12: 23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7809 GALLEON COURT**  
Suite, Apt. #, etc.

3. Mailing Address

**7809 GALLEON COURT**  
Suite, Apt. #, etc.

City & State  
**PARKLAND, FL**

Zip  
**33067**

Country  
**USA**

City & State  
**PARKLAND FL**

Zip  
**33067**

Country  
**USA**

4. FEI Number

**65-0965340**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DVORKIN, HOWARD S  
5800 N.W. 63RD PLACE  
PARKLAND FL 33067**

7. Name and Address of New Registered Agent

Name  
**HOWARD S. DVORKIN**

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

**7809 GALLEON COURT**

City  
**PARKLAND**

FL

Zip Code  
**33067**

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]* Agent **Howard Dvorkin**

**3/17/01**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$0.00**

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 # **P99000106606**  
NAME **BETA INVESTMENT GROUP, INC.**  
STREET ADDRESS **5800 N.W. 63RD PLACE**  
CITY-ST-ZIP **PARKLAND FL 33067**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **7809 GALLEON COURT**  
CITY-ST-ZIP **PARKLAND FL 33067**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **500003993555--1**  
CITY-ST-ZIP **-04/12/01--01024--021**  
**\*\*\*\*141.25 \*\*\*\*141.25**

STREET ADDRESS  
CITY-ST-ZIP

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 required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]* **G.P.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/3/01**

Date

Daytime Phone #

CR2E003 (11/00)