

**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90638 039 \*\*\*150.00

**DOCUMENT # F98000005124**

1. Entity Name

**ALPHA NEVADA CORPORATION**

Principal Place of Business

Mailing Address

**00069512**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1223 West Main Street**

3. Mailing Address

**P.O. Box 228**

Suite, Apt. #, etc.

**Suite 253**

Suite, Apt. #, etc.

City & State

**Sun Prairie WI**

City & State

**Schuyler NE**

4. FEI Number

**39-1919415**

Applied For:

Not Applicable

Zip

**53590**

Country

**USA**

Zip

**68661**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KOSALKA, RICHARD  
 150 SW PORT ST. LUCIE BLVD.  
 PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name

**Cecilia Cerrato**

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

**14176 SW 163<sup>rd</sup> Terroce**

City **Miami**

**FL**

Zip Code **33177**

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

**Cecilia Cerrato**

**Cecilia Cerrato**

**4-19-01**

Signature, typed or printed name of registered agent and title (if applicable).

(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. (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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>P LUNDBERG, JACK</b>	<b>5168 S. CEMETARY RD</b>	<b>POPLAR WI 54864</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**James R. Zedney**

**4-19-01**

**402.352.3791**