

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007394

1. Entity Name

ALPHA FLORIDA ENTERTAINMENT, L.L.C.

Principal Place of Business

990 NW 166TH ST., SUITE A  
MIAMI FL 33169

Mailing Address

990 NW 166TH ST., SUITE A  
MIAMI FL 33169

FILED

OCT -1 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

990 NW 166TH ST

Suite, Apt. #, etc.

SUITE A

City & State  
MIAMI FL

Zip  
33169

Country  
DADE

3. Mailing Address

990 NW 166TH ST

Suite, Apt. #, etc.

SUITE A

City & State  
MIAMI FL

Zip  
33169

Country  
DADE

4. FEI Number

06-1589410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

800004621709--81  
-10/03/01--01052--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

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10. ADDITIONS/CHANGES

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

9-26-01 305-474-9982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)