

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90038 029 ***150.00

DOCUMENT # **L01000003253**

1. Entity Name

ALPHA CLOSING & COORDINATING SERVICES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18206 COLLINS AVE

3. Mailing Address

18206 COLLINS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNNY ISLES

City & State

SUNNY ISLES

Zip

33160

Country

FL

Zip

33160

Country

FL

4. FEI Number

65-1085511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HERNAN GLEIZER

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

18206 COLLINS AVE.

City

SUNNY ISLES

FL

Zip Code

33160

**DO NOT WRITE
IN THIS SPACE**

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

04/16/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**MANAGER
HERNAN GLEIZER
17818 N BAY Rd. # 303
SUNNY ISLES, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/02

Date

(305) 947-0477

Daytime Phone #