2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L11131 1. Entity Name ALPHA BROKERS CORPORATION

Principal Place of Business

Mailing Address

9600 NW 25 ST. #7A

9600 NW 25 ST. #7A

US	US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

Feb 29, 2000 8:00 am Secretary of State 02-29-2000 90115 028 ***150.00

US 2. Principal Place of Business Suite, Apt. #, etc.		US US			4 (****) (******************************	(201 010) 010 (1	ngji Bigji gja	II 100 N (100)		
		3. Mailing Address	3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
		Suite, Apt. #, etc.								
City & State City & State		City & State		4. FE	El Number 65-014025 8	}	_ 	plied For t Applicable		
Zip	Country	Zip	Country	5. C	ertificate of Status Desired		8.75 Add			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
LOZANO, SERGIO S. 9600 NW 25 ST #7A-			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)						
MAIM	FL 33172***	·	City			FL	Zip Code	9		
SIGNATURE	named entity submits this statement	·								
	Signature, typed or printed name of registered age	nt and title if applicable. (NC	DTE: Registered Agent signature requ	ired when rein	istating)	DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		10. Election Campaign Fina Trust Fund Contribution			O May Be I to Fees		
11.	OFFICERS AN	D DIRECTORS	12.	ADD	DITIONS/CHANGES TO OFFI	CERS AND D	RECTORS	3 IN 11	_	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	CST LOZANO, SERGIO S. 1253 SW 35TH ST MIAM! FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(Change	☐ Addition	R2E034 (9/99)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOZANO, SERGIO S. 14253 SW 35 ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(Change	Addition	5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOZANO, ANTONIO 1900 S.W. 125 CT. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition		
13. I hereby c	ertify that the information supplied w	ith this filing does not qualify:	for the exemption stated in	Section 1	19.07(3)(i), Florida Statutes. I	further certif	y that the ir	nformation	ĺ	

indicated on this report or supplemental report is true and accurate and that my significantly in the exemplant stated in Section 119.07(3)(f), Florida Statutes. Further certain that the indicated on this report or supplemental report is true and accurate and that my significantly in the factor of the corporation or the receiver or trustee empowered in execute this report as receiver or trustee empowered in execute this report as receiver of the corporation or the receiver or trustee empowered in execute this report as receiver of the corporation or the receiver or trustee empowered in execute this report as receiver of the corporation or the receiver or trustee empowered in execute this report as receiver of the corporation or the receiver or trustee empowered in execute this report as receiver of the corporation or the receiver or trustee empowered in execute this report as receiver or trustee empowered in the receiver o

SIGNATURE AND TYPED OR PRINTED NAME OF