

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000774**

1. Entity Name
ALPHACOM L.C.

FILED

01 APR 26 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

20961 NE 2ND AVE.
MIAMI FL 33179

Mailing Address

20961 NE 2ND AVE.
MIAMI FL 33179

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number **65-0770586**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JACQUELINE
7311 NW 45TH COURT
LAUDERHILL FL 33319

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

600004212486--1
-05/11/01--01111--019
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

TITLE **MGRM**
NAME **SEQUIRA, HERMAN G**
STREET ADDRESS **20961 NE 2ND AVE.**
CITY-ST-ZIP **MIAMI FL 33179**

☐ Delete

TITLE **MGRM**
NAME **SEQUIRA, ROBIN R**
STREET ADDRESS **20961 NE 2ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33179**

☐ Delete

TITLE **D**
NAME **COCKER, KALEEL A**
STREET ADDRESS **1400 OCEAN DR.**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10.

ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: **HERMAN SEQUIRA**

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

7-21-01

954 935 8200

Date

Daytime Phone #

CR2E083 (11/00)

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