

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002109**

1. Entity Name
ALPH INVESTMENTS, LLC

FILED

00 MAR 13 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|--|
| Principal Place of Business 132 CLARKE AVENUE PALM BEACH FL 33480 | Mailing Address 132 CLARKE AVENUE PALM BEACH FL 33480-6121 |
|---|--|



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0912161** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DR., SUITE 500 EAST
WEST PALM BEACH FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME Delete
MGRM BEERS, CHARLOTTE
STREET ADDRESS **132 CLARKE AVENUE**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE NAME Delete
MGRM BEADLESTON, WILLIAM
STREET ADDRESS **132 CLARKE AVENUE**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
400003183524--8
STREET ADDRESS **-03/24/00--01091--009**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Charlotte Beers* Date 2/28/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)