

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002246**

1. Entity Name

ALPHAFX, L.C.

FILED

01 JAN 29 PM 4:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

1339 SW 3rd Street

1339 SW 3rd Street

Boca Raton, FL 33486

Boca Raton, FL 33486

2. Principal Place of Business

1339 SW 3rd Street

Suite, Apt. #, etc.

3. Mailing Address

1339 SW 3rd Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

4. FEI Number

65-093-4997

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Akrapol Supapol
1339 SW 3rd Street
Boca Raton, Florida 33486**

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)

1/24/2001
DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE **MGRM** Delete
NAME **AKRAPOL SUPAPOL**
STREET ADDRESS **AKRAPOL SUPAPOL**
CITY-ST-ZIP **1339 SW 3rd Street, Boca Raton, FL 33486**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000003624140--4
-02/02/01--01034--019
*******50.00 *****50.00**
 Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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:

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

1/24/2001

Date

(305) 218-4321

Daytime Phone #

CR2E083 (11/00)