

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90081 020 ****50.00

DOCUMENT # L99000002246

1. Entity Name

ALPHAFX, L.C.

Principal Place of Business

**1339 SW 3RD STREET
 BOCA RATON FL 33486**

Mailing Address

**1339 SW 3RD STREET
 BOCA RATON FL 33486**

2. Principal Place of Business

1339 SW 3rd ST.

3. Mailing Address

1339 SW 3rd ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33486

Country

USA

Zip

33486

Country

USA

4. FEI Number

65-0934997

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

**SUPAPOL, AKRAPOL
 1339 SW 3RD STREET
 BOCA RATON FL 33486**

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)

1/15/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **SUPAPOL, AKRAPOL**
 CITY-ST-ZIP **1339 SW 3RD STREET**
BOCA RATON FL 33486

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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 REQUIRED

1/15/2002

(305) 218-4321

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

Date

Daytime Phone #

CR2E083 (9/01)