

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M39430

1. Entity Name

ALPHADEC, INC.

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90004 013 \*\*\*550.00

Principal Place of Business

10825 NW 33 ST  
MIAMI FL 33172  
US

Mailing Address

10825 NW 33 ST  
MIAMI FL 33172  
US

2. Principal Place of Business

3. Mailing Address

9990 S.W. 77 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 330

City & State

City & State

Miami, FL

4. FEI Number

59-2734620

Applied For

Not Applicable

Zip

Country

Zip

Country

33156

Miami-Dade

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~YOUNG, MIRIAM~~  
~~155 OCEAN LANE DR~~  
~~#1208~~  
~~KEY BISCAYNE FL 33149~~

Name

John A. Margolis, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Suite 330, 9990 SW 77 Avenue

City

Miami

FL

Zip Code  
33156

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

7/26/00

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **YOUNG, MYRIAM**  
CITY-ST-ZIP **10825 NW 33 ST**  
**MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME **YOUNG MYRIAM**  
STREET ADDRESS **Suite 330, 9990 SW 77 Avenue**  
CITY-ST-ZIP **Miami, FL 33156**

TITLE ☐ Delete  
NAME ~~WENNIE BELMUTH~~  
STREET ADDRESS ~~10825 NW 33 ST~~  
CITY-ST-ZIP ~~MIAMI FL~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Myriam Young

Date

Daytime Phone

305-595-1938

CR2E034 (5/00)