

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90025 013 ***150.00

DOCUMENT # M39430

1. Entity Name

ALPHADEC, INC.

Principal Place of Business

Mailing Address

9990 SW 77 AVENUE
SUITE 330
MIAMI FL 33156
US

2. Principal Place of Business

9725 N.W. 52nd Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 417

City & State

Miami, Florida

City & State

Zip

33178

Country

USA

Zip

Country

4. FEI Number

59-2734620

Applied For

Not Applicable

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

MARGOLIS, JOHN A ESQ
SUITE 330
9990 SW 77 AVE
MIAMI FL 33156

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

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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 9725 N.W. 52nd Street, No. 417
MIAMI FLTITLE ☒ Change ☐ Addition
NAME , MYRIAM
STREET ADDRESS 9725 N.W. 52nd Street, No. 417
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS WENNIN, HELMUTH
CITY-ST-ZIP 9725 N.W. 52nd Street, No. 417
MIAMI FLTITLE ☒ Change ☐ Addition
NAME 9725 N.W. 52nd Street, No. 417
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Myriam Young

2/13/02

305-629-9478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EQ34 (9/01)