

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M64096**

1. Entity Name

ALPINE KITCHENS, INC.

Principal Place of Business

C/O WILLIAM WATSON TRICK, JR.  
660 S. FEDERAL HWY., 3RD FLOOR  
POMPANO BEACH FL 33062

Mailing Address

1101 NW 76TH AVE  
PLANTATION FL 33322  
US

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

**65-0027473**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BONVICIN, ROSEMARY  
1101 NW 76 AVE  
PLANTATION FL 33322

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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DP**  
**BONVICIN, PAUL**  
**1101 NW 76 AVE**  
**PLANTATION FL**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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.

*Paul Bonvicin*

SIGNATURE: *Paul Bonvicin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

954-472-4193

Date

Daytime Phone #

FILED  
Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90154 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)