

2000 UNIFORM BUSINESS REPORT (UBR)

0376502

DOCUMENT # M78833

Entity Name
ALPHA COMMERCIAL MAINTENANCE, INC.

FILED:

01 APR -5 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3122 PIERSON DRIVE DELRAY BCH FL 33483 3122 PIERSON DRIVE DELRAY BCH FL 33483-6219

2. Principal Place of Business 3. Mailing Address
10728 St. Andrews Rd. 10728 St. Andrews Rd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Boynton Beach Boynton Beh. Fla.
City & State City & State
Florida Florida
Zip Country Zip Country
33436 P.B.Co. 33436 P.Bch Co.



REINSTATEMENT 00-01

4. FEI Number 59-2911532

5. Certificate of Status Desired \$8.75 Additional Fee Required **SP**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGUANZO, CAROL
3122 PIERSON DRIVE
DELRAY BCH FL 33483

Name Carol L. Inguanzo
Street Address (P.O. Box Number is Not Acceptable) 10728 St. Andrews Rd.
Boynton Beh.
City Boynton Beach FL Zip Code 33436

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 *Carol L. Inguanzo* Carol L. Inguanzo (Pres.) DATE 3-6-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 After MAY-1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INGUANZO, CAROL 10728 ST. ANDREWS ROAD BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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***908.75 ***908.75

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: *Carol L. Inguanzo* 12-5-2000 561-736-3068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)