

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90943 027 ***150.00

DOCUMENT # P00000002380

1. Entity Name

ALPHA INTERNATIONAL MORTGAGE CORP.

Principal Place of Business

**600 W. OAKRIDGE RD., SUITE B
ORLANDO FL 32809**

Mailing Address

**600 W. OAKRIDGE RD., SUITE B
ORLANDO FL 32809**

2. Principal Place of Business

600 W. Oakridge Rd.

3. Mailing Address

600 W. Oakridge Rd.

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Orlando, FL. 32809

City & State

Orlando, FL. 32809

Zip
32809

Country
Orange

Zip
32809

Country
Orange

4. FEI Number

59-3623700

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

**ERAZO, MARCUS MR.
5672 TOMOKA DR., #9
ORLANDO FL 32839**

Name

Marcus Erazo

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

5672 Tomoka Dr.

apt 9

City

Orlando

FL

Zip Code
32839

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

04/26/2001

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, 2001 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 **President** ☐ Delete
NAME **Carmen Ines Colon**
STREET ADDRESS **5672 Tomoka Dr. apt 9**
CITY-ST-ZIP **Orlando, FL. 32839**

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

TITLE **Vice-President** ☐ Delete
NAME **Marcus Erazo**
STREET ADDRESS **5672 Tomoka Dr. Apt 9**
CITY-ST-ZIP **Orlando, FL. 32839**

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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01

Date

407-812-9400

Daytime Phone #

CR2E034 (10/00)