

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90177 034 ***550.00

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1650 Sandlake Rd.

3. Mailing Address

1650 Sandlake Rd.

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

305

City & State

Orlando FL

City & State

Orlando FL

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

ERAZO, MARCUS MR.

5672 TOMOKA DR., #9

ORLANDO FL 32839

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back) ☐ YES ☒ NO

FILE NOW!!! FEE IS \$550.00

**After September 13, 2002 Fee 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

TITLE **P** ☐ Delete

NAME **COLON, CARMEN INES**
 STREET ADDRESS **5672 TOMOKA DR. APT 9**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **VP** ☐ Delete

NAME **ERAZO, MARCUS**
 STREET ADDRESS **5672 TOMOKA DR. APT 9**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition

NAME **CARMEN I. COLON**
 STREET ADDRESS **6519 CHERRY GROVE CIL.**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **VP** ☒ Change ☐ Addition

NAME **MARCUS ERAZO**
 STREET ADDRESS **6519 CHERRY GROVE CIL.**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/02 407 812 9400

Date Daytime Phone #

CR2E034 (4/02)