

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90106 003 \*\*\*150.00

DOCUMENT # 9893

1. Entity Name

ALZ Dogz INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

NONE

3. Mailing Address

5220 BRITTANY DR S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 1209

City & State

City & State

ST PETERSBURG, FL

Zip

Country

Zip

33715

Country

4. FEI Number

89 3716014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

IRVING ALPERIN

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

5220 BRITTANY DR S

# 1209

City

ST PETERSBURG

FL

Zip Code

33715

**DO NOT WRITE  
IN THIS SPACE**

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

Irving Alperin

Signature typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

9-14-02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
President  
1 ALPERIN 5220 BRITTANY DR S  
#1209 ST PETERSBURG FL 33715

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Irving Alperin

IRVING ALPERIN

9-14-02

Date

727 868 9647

Daytime Phone #

CR2E034B (12/01)

Attachment

~~872498~~  
# P00000009893

5220 Brittany Dr. S, Unit 1209  
St. Petersburg, FL 33715  
August 25, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir:

This letter is a request for a waiver of late fees on my corporation due to my not receiving the form in the mail. I have not received any forms from you at all this year. I was advised by a business friend just recently that I should have paid this fee in May. When I called the Division of Corporations I was advised to send in a check along with a letter explaining why I am late sending in the fee. Therefore, enclosed is a check for \$150. I have not opened a business as yet.

My corporation name is ALZ DOGZ, INC.

5220 Brittany Dr. S, Unit 1209  
St. Petersburg, FL 33715

Thank you in advance for any help you can offer me. -

*Irving Alperin*

Irving Alperin  
Owner, ALZ DOGZ, INC.

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