

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90048 042 ***150.00

DOCUMENT # P00000029579

1. Entity Name

ALPHA ONE TRADING CORPORATION

Principal Place of Business

**8037 LAKE DRIVE
UNIT 102
MIAMI FL 33166**

Mailing Address

**8037 LAKE DRIVE
UNIT 102
MIAMI FL 33166**

2. Principal Place of Business

3100 NW 72 Ave Suite #120

3. Mailing Address

663 NW 159 Ave

Suite, Apt. #, etc.

Suite # 120

Suite, Apt. #, etc.

City & State

miami, FL

City & State

Pembroke Pines, FL

Zip

33122

Country

Zip

33028

Country

4. FEI Number

65-0992833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TAN, QING

8037 LAKE DRIVE

UNIT 102

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **TAN, QING**

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

663 NW 159 Ave.

City

Pembroke Pines

FL

Zip Code

33028

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

01/11/02

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHANG, NORMAN W**
CITY-ST-ZIP **759 W 78 STREET**
HIALEAH FL 33014-4127

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TAN, QING**
CITY-ST-ZIP **8037 LAKE DRIVE #102**
MIAMI FL 33166

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

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/02 (305) 470-0038

Date

Daytime Phone #

CR2E034 (9/01)