

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90053 038 ***158.75

DOCUMENT # P00000033509

1. Entity Name

22ND CENTURY ALPHA-OMEGA REALTY, INC.

Principal Place of Business

Mailing Address

3600 S. ST. RD. 7
 MIRAMAR FL 33023-

~~3600 S. ST. RD. 7~~
 MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

111 N.W. 183 St.

~~3600 S. ST. RD. 7~~ 111 N.W. 183 St.

Suite/Apt. #, etc.

Suite/Apt. #, etc.

304

304

City & State

Miami, FL

City & State

Miami FL

Zip

33169

Country

~~DADE~~ USA

Zip

33169

Country

USA

4. FEI Number

65-0987349

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

GARNER, DELORES

8436 N.W. 20 TERR

MIAMI FL 33015

781 ATLANTIC AVE.

OPA-LOCKA, FL 33054

Name

N/A

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.

SIGNATURE DELORES K. GARNER

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

(NOTE: Registered Agent Signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	DELORES K. GARNER	
STREET ADDRESS	781 ATLANTIC AVE.	
CITY-ST-ZIP	8436 N.W. 20 TERR. MIAMI FL 33015	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	EUGENE GARNER	
STREET ADDRESS	8436 N.W. 20 TERR.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	President/Director	<input type="checkbox"/> Delete
NAME	DELORES K. GARNER	
STREET ADDRESS	781 ATLANTIC AVE.	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	Vice President/Director	<input type="checkbox"/> Delete
NAME	EUGENE GARNER SR.	
STREET ADDRESS	781 ATLANTIC AVE.	
CITY-ST-ZIP	OPA-LOCKA, FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DELORES K. GARNER

4/30/01

(305) 999-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)