2601 UNIFORM BUSINESS REPORT (UBR) #SCUMENT #P00000084247 FILED ALPHA PROPERTIES, INC. 01 HAY 22 AM 9: 22 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA SAME 6750 TAFT ST. HOLLYWOOD, FL. 33074 2. Principal Place of Business
6750 TAFT ST, 6750 TAPT ST.
Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State
HoLLY WOOD Applied For 65-10443 GLLYWOOD, Not Applicable Country BROWARD \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTER F. ROTHERMEL Street Address (P.O. Box Number is Not Acceptable) 11577 GORHAM DR. 500004425375-- -06/18/01--01128--008 COOPER CITY, FL, 33026 ****150.00 City 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition PRES / TITLE ☐ Delete WALTER F. ROTHERMEL JR, 11577 GORHAM DR. NAME STREET ADDRESS STREET ADDRESS COOPER CITY, PL, 33026 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE NICOLE S, CHAMBLESS 4054 EASTRIOGE DR. NAME NAME STREET ADDRESS STREET ADDRESS DEEKFIELD BEACH, FL, 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Watter J. Gothermel Gr.

STREET ADDRESS

CITY-ST-7iP

5/15/01

(954) 961-0079