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FILED
Jun 19, 2002 8:00 am
Secretary of State
04-09-2002 91165 031 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000093926

1. Entity Name
ALPHAONE XPRESS, CORP

DO NOT WRITE IN THIS SPACE

[redacted]
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1290 WESTON ROAD	1290 WESTON ROAD
Suite, Apt. #, etc. 306	Suite, Apt. #, etc. 306
City & State WESTON - FL	City & State WESTON - FL
Zip 33326 Country USA	Zip 33326 Country USA

4. FEI Number 65-1046143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name IQUAL, ILEANA ARIAS ESQ.

Street Address (P.O. Box Number is Not Acceptable)
9900 STIRLING Road, Suite 218

City COOPER CITY FL Zip Code 33024

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 [redacted]
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) ☐

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 P NAME ALVAREZ, JOSE F STREET ADDRESS 1429 CAPRI LANE SUITE 105 CITY-ST-ZIP WESTON FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME PERROTTA DE ALVAREZ, ANNA STREET ADDRESS 1429 CAPRI LANE SUITE 105 CITY-ST-ZIP WESTON FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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: [signature] 03-25-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #