

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90154 005 \*\*\*150.00

**DOCUMENT # P00000114374**

1. Entity Name

**ALFACOR, INC.**

Principal Place of Business

**251 SOUTH STATE ROAD 7  
 PLANTATION FL 33317**

Mailing Address

**251 SOUTH STATE ROAD 7  
 PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1097561**

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

**SNAGG, ADRIAN  
 251 SOUTH STATE ROAD 7  
 PLANTATION FL 33317**

Name

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

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 **PD** ☐ Delete  
 NAME **CORBIN, ANTHONY**  
 STREET ADDRESS **251 SOUTH STATE ROAD 7**  
 CITY-ST-ZIP **PLANTATION FL 33317**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:**

*Anthony Corbin* **ANTHONY CORBIN, PRES**

Date

Daytime Phone #

CR2E034 (10/00)



Accounting Audits Income Tax Incorporations

Attachment  
# P00000114374  
**Adrian H. Snagg, Inc.**  
251 South State Road 7  
Plantation, FL 33317  
TEL: (305) 584-2088  
FAX: (305) 583-8899

SEPTEMBER 11, 2001

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

RE: ALFACOR, INC.  
P00000114374

DEAR SIR/MADAM,

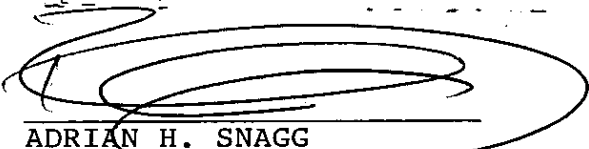
I AM ADRIAN H. SNAGG, THE ACCOUNTANT FOR THE  
REFERENCED CORPORATION.

THE PRESIDENT OF THE CORPORATION HAD ENTRUSTED ME TO FILE A  
TIMELY 2001 UNIFORM BUSINESS REPORT. UNFORTUNATELY, I WAS  
HOSPITALIZED AND HAD HEART BYPASS SURGERY AND WAS NOT ABLE TO  
FILE THE REPORT ON TIME.

I AM SUBMITTING THE ORIGINAL REPORT AND REQUEST OF YOU TO  
WAIVE THE LATE FEE.

THANK YOU FOR YOUR KIND CONSIDERATION.

YOUR'S TRULY,



ADRIAN H. SNAGG  
PUBLIC ACCOUNTANT