## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Mar 31, 2002 8:00 am § P01000054781 DOCUMENT # **Secretary of State** 1. Entity Name 03-31-2002 90357 017 \*\*\*150.00 ALPHA LINK COMPUTER SERVICES, CORP. Mailing Address Principal Place of Business 8113 S CORAL CIRCLE 8113 S CORAL CIRCLE NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 156 94 8795 Not Applicable Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FILHO, MANOEL P Street Address (P.O. Box Number is Not Acceptable) 8113 S CORAL CIRCLE **NORTH LAUDERDALE FL 33068** Zip Code 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01 PVTS ☐ Change ☐ Addition TITLE ☐ Delete TITLE ifilho, manoel p NAME NAME 8113 S CORAL CIRCLE STREET ADDRESS STREET ADDRESS NORTH LAUDERDALE FL 33068 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE FILHO, MANOEL P NAME NAME STREET ADDRESS 8113 S CORAL CIRCLE STREET ADDRESS CITY-ST-ZIF NORTH LAUDERDALE FL 33068 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete • ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 prescute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if