

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000082091**

1. Entity Name

ALPHA VENTURES, INC.

FILED

02 MAY -8 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

326 SW 195th AVE.

3. Mailing Address

326 SW 195th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

65-1131735

Applied For

Not Applicable

Zip

Country

33029

Zip

Country

33029

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TOVAR ILEANA ARIAS ESQ

Street Address (P.O. Box Number is Not Acceptable)

1725 MAIN STREET

SUITE 205

City

Weston

FL

Zip Code

33326

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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
NAME

STREET ADDRESS
CITY-ST-ZIP

**PTD
TOMEI DORIA
326 SW 195th AVE.
PEMBROKE PINES, FL 33029**

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

600005574626--1.

-05/20/02--01046--024

*******150.00 *****150.00**

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**VSD
MONACELLI LUCIA
326 SW 195th AVE.
PEMBROKE PINES, FL 33029**

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #