

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90232 020 ***150.00

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DOCUMENT # P01000082091

1. Entity Name
ALPHA VENTURES, INC.



Principal Place of Business
**326 SW 195TH AVENUE
PEMBROKE PINES FL 33029**

Mailing Address
**326 SW 195TH AVENUE
PEMBROKE PINES FL 33029**

11010001



2. Principal Place of Business
14208 SW 62 ST
Suite, Apt. #, etc.

3. Mailing Address
14208 SW 62 ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-1131735**

Applied For
Not Applicable

Zip
33183

Country

Zip
33183

Country

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

**TOVAR, ILEANA ARIAS ESQ
1725 MAIN STREET SUITE 205
WESTON FL 33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete
NAME **TOMEI, DORIA**
STREET ADDRESS **326 SW 195TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **PTD** ☒ Change ☐ Addition
NAME **TOMEI, DORIA**
STREET ADDRESS **14208 SW 62 ST**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **VSD** ☒ Delete
NAME **MONACELLI, LUCIA**
STREET ADDRESS **326 SW 195TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **VSD** ☒ Change ☐ Addition
NAME **MONACELLI, LUCIA**
STREET ADDRESS **14208 SW 62 ST**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: DORIA TOMEI PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/03
Date

305 3880504
Daytime Phone #

CR2E034 (10/02)