## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 29, 2002 8:00 am Secretary of State P01000103481 DOCUMENT # 1. Entity Name FIRST ALPINE REAL ESTATE, INC. 05-07-2002 90215 021 \*\*\*150.00 Principal Place of Business Mailing Address 9500 SOUTH DADELAND BLVD., SUITE 550 9500 SOUTH DADELAND BLVD., SUITE 550 MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1155515 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILVERMAN, STEVEN P.A. Street Address (P.O. Box Number is Not Acceptable) 9500 SOUTH DADELAND BLVD., SUITE 550 MIAMI FL 33156 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTS TITLE PRESIDENT / DIrectur 🔀 Delete TITLE NCal MC Creesh 9500 s. Dadeland Blvd. #550 SILVERMAN, STEVEN NAME STREET ADDRESS 9500 SOUTH DADELAND BLVD., SUITE 550 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP MIAMI, FL 33152 TITLE vpd Delete KEUN MURPHY Addition NAME silverman, steven NAME 9500 S. Dadel and Blod#550 STREET ADDRESS 9500 SOUTH DADELAND BLVD., SUITE 550 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP MIANLIPL 33106 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7JF 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED