

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam ALPINE E	# P020000528 E, INC.	449				03 S	FILED BEP 22 PM ETARY OF ST				
Principal Place of Business 3280 LAKEWORTH ROAD LAKEWORTH, FL 33461 AKEWORTH, FL 33461 AMBILIAN AM							TALLA	HASSEĔ, FĹ	ÖRİD	<u>A</u>	
*NEW	•	*NEW	•					AK EBIKI BI		1	
2. Principal P 8925 W	Place of Busin	3. Mailing Address							511 1 11 151	ĺ	
	-	oulevard	8925 W. Oakland Park Sulte, Apt. #, etc. Boulevard			<u> </u>	•				
	•		2,410,414				<u> </u>	IF MAKING CHAN			_
City & State Sunris		orida	City & State Sunrise, Florida			4.	FEI Number 02-0604030	umber Applied F 2 - 0 6 0 4 0 3 0 Not Appli			}
Zip 33351			Zip 33351	Zip Count 33351 US		5.	Certificate of Status Desired	S8.75 Additional Fee Required		onal	
		and Address of Current F					7. Name and Address of New Registered Agent				
AHMED, KI	HURSHID	: *	Car taken	Name			hmed, Khurshid				
3280 LAKE LAKEWOR			· ·	*NEW	Street Add	dress (P.O. 25 W	P.O. Box Number is Not Acceptable) W. Oakland Park Boulevard]
				14511	<u> </u>	23 11 1	Odniana idi	L DOUICV	<u> </u>		1
					City	nrico		FL 3	3351		1
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 acceptable											1
the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicates. (NOTE: Registered Agents ignature required when reinstating) OATE											
FILE NOWILLIBER SS 160 COL											1
Make Check	G. Fee will be \$550 00 JBR is \$61 26 Florida Department o	/ State				Trust Fund Contributi		Added to			
10.		OFFICERS AND D	DIRECTORS	11.		A	DDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS I	N 11	1
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CMY-S1-2P	LAKEWOF	RTH, FL 33461		CITY-	ST-21P S	Sunri	se, FL 3335	1		~	l E
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CITY-ST-ZP					ST-2IP						
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: 9/18/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Case One Description of the Control of											
		and ture and typed on Pr	IIN ED NAME OF SIGNING OFFICE	EH OR STRECTO	ж .		Oate	Daytima Ph	One #	1	ĺ

LASHBROOK & WOLLARD, P.A. CERTIFIED PUBLIC ACCOUNTANTS

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Dru D. Lashbrook, CPA
Brian H. Wollard, CPA
David J. Fasano, CPA, MBA
Dean R. Lashbrook
Jerry W. Reed, EA
September 18, 2003

Member of the Florida Institute of Certified Public Accountants 4481 Stirling Road Fort Lauderdale, Florida 33314 Telephone: (954) 581-8112 Fax: (954) 581-2554 info@lbrook.com

Uniform Business Reports
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Alpine Exchange, Inc.

Document # P02000052849

To whom it may concern:

We are the Certified Public Accountants for the above referenced corporation. It came to our attention that our client did not receive their 2003 UBR Report and that it is probably due to the fact that their mailing address has changed.

We contacted the State and they informed us to mail the UBR Report with \$150.00 immediately. Enclosed please find the report and check for \$150.00 as requested. If you should have any questions, please contact our office. Thank you.

Sincerely,

LASHBROOK & WOLLARD, P.A.

Dru D. Lashbrook, CPA

For the firm.

DDL/kd Enclosures