

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90134 032 \*\*\*150.00

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**DOCUMENT # P02000097325**

1. Entity Name

**NEW WAY ALPHA INC.**



Principal Place of Business

**7512 DR PHILLIPS BLVD STE 50 PMB 269  
ORLANDO FL 32819**

Mailing Address

**7512 DR PHILLIPS BLVD STE 50 PMB 269  
ORLANDO FL 32819**

2. Principal Place of Business

**4067 13TH STREET**

Suite, Apt. #, etc.

3. Mailing Address

**4067 13TH STREET**

Suite, Apt. #, etc.

City & State

**ST. CLOUD, FL**

City & State

**ST. CLOUD, FL**

Zip

**34769**

Country

**OSCEOLA**

Zip

**34769**

Country

**OSCEOLA**

4. FEI Number

**59-3553028**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TORO, RUBEN D**

**7345 SAND LAKE RD STE 204**

**ORLANDO FL 32819**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	UTIYAMA, MARCELO	
STREET ADDRESS	7512 DR PHILLIPS BLVD STE 50 PMB 269	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCELO UTIYAMA	
STREET ADDRESS	4067 13TH STREET	
CITY-ST-ZIP	ST. CLOUD, FL 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**MARCELO UTIYAMA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/15/03**

Date

**407-957-5336**

Daytime Phone #

CR2E034 (10/02)