

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013456

1. Entity Name

ALFA-USA INVESTMENT CORPORATION

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90074 040 ***550.00

Principal Place of Business

Mailing Address

% GENERAL CABLE
 360 CENTRAL AVE
 ST PETERSBURG FL 33701

% GENERAL CABLE
 360 CENTRAL AVE
 ST PETERSBURG FL 33701-3857

2. Principal Place of Business

3. Mailing Address

1120 Pinellas Bayway
 Suite, Apt. #, etc.
 #201

1120 Pinellas Bayway
 Suite, Apt. #, etc.
 #201



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tierra Verde FL

Tierra Verde FL

Zip
 33715

Country
 USA

Zip
 33715

Country
 USA

4. FEI Number 65-0437442

Applied For
 Not Applicable

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

ARINO, MARIA A
 360 CENTRAL AVE
 SUITE 1290
 ST PETERSBURG FL 33701

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ARINO, MARIA A	
STREET ADDRESS	360 CENTRAL AVE., SUITE 1290	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/00

Date

(727) 906-4700

Daytime Phone #

CR2E034 (9/99)