2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **P94000054376** 1. Entity Name ALPHA GROUP ENTERPRISES, INC. 04-28-2000 90084 032 ***150.00 Principal Place of Business Mailing Address 6536 VIA REGINA 6536 VIA REGINA **BOCA RATON FL 33433** BOCA RATON FL 33433-3952 B0077938 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0506437 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Stephen A. Mendelsohn, Esq. KANOUSE, KEITH J Street Andresself Government is Nath Appropriately 120. P.A. 2385 EXECUTIVE CTR DR STE 270 2600 N. Military Trail, 4th Floor **BOCA RATON FL 33431** Zip Code 33431 Boca Raton 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. EPHEN MENDE LSOTIN FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITI 6 ☐ Delete TITLE FEIRSTEIN, DOUGLAS NAME NAME STREET ADDRESS 6536 VIA REGINA STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE FEIRSTEIN, LAURENCE NAME STREET ADDRESS STREET ADDRESS 6536 VIA REGINA CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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.