

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047643

1. Entity Name

ALPHA CREDIT RESTORATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91409 031 ***150.00

Principal Place of Business
1876 NORTH UNIVERSITY DR.
SUITE 302
PLANTATION FL 33322

Mailing Address
1876 NORTH UNIVERSITY DR.
SUITE 302
PLANTATION FL 33322-4126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Same
Suite, Apt. #, etc.
Suite # 101-T
City & State
Plantation Fl. 33322
Zip
33322

3. Mailing Address
Suite, Apt. #, etc.
Suite # 101-T
City & State
Zip
Country

4. FEI Number **65-0598791**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, MERY S
1033 NW 81ST TERRACE
PLANTATION FL 33322

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.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE *04/28/00*

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	TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUAREZ, MERRY		NAME	ECIOE. MOLINA.	
STREET ADDRESS	1033 NW 81ST TERRACE		STREET ADDRESS	4975 NW 95 AV.	
CITY-ST-ZIP	PLANTATION FL 33322		CITY-ST-ZIP	Plantation FL 33351	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 life empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *04/28/00* DAYTIME PHONE # *452-3614*

CR2E034 (9/99)