

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067335

1. Entity Name  
ALPHA COMPUTER ELECTRONICS, INC.Principal Place of Business  
3012 E. COMMERCIAL BLVD  
SUITE 202  
FT. LAUDERDALE FL 33308  
USMailing Address  
3012 E. COMMERCIAL BLVD  
SUITE 202  
FT. LAUDERDALE FL 33308  
US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

4. FEI Number **65-0691852**      Applied For  
Not Applicable5. 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

SZCZEPANSKI, ANTONI W  
3012 E. COMMERCIAL BLVD  
SUITE 202  
FT LAUDERDALE FL 33308

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.

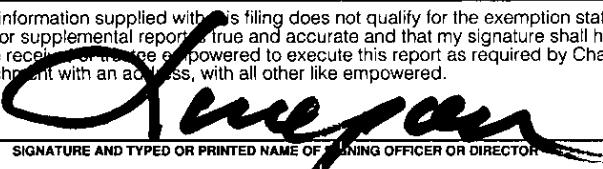
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date Daytime Phone #

FILED  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 91070 043 \*\*\*150.00

R U U U U U U U U



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)