

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90041 050 ***150.00

DOCUMENT # P96000069685

1. Entity Name
ALPHA & OMEGA INTERNATIONAL REALTY & CONSULTANTS CORP.

Principal Place of Business
20121 SW ~~9~~AVE 91 Ave
MIAMI FL 33189
US

Mailing Address
20121 SW ~~9~~AVE. 91 Ave
MIAMI FL 33189
US

2. Principal Place of Business

3. Mailing Address
P.O. Box of 571011

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

Zip

Country

Zip
33259-1011

Country

FL

4. FEI Number 65-0715862

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

HARTSHORN, YVONNE M
20121 S.W. 91ST AVENUE
MIAMI FL 33189

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

President *Yvonne M Hartshorn* *1/11/02*

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, 2002 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 ☐ Delete
NAME HARTSHORN, YVONNE M
STREET ADDRESS 20121 S.W. 91ST AVENUE
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

Yvonne M Hartshorn *1/11/02* *(305-234-8887)*

CR2E034 (9/01)