

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90220 009 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000099655**

1. Entity Name

**ALPINE CONSTRUCTION MANAGEMENT CORP.**

Principal Place of Business

6262 SW 40ST  
 3J  
 MIAMI FL 33155  
 US

Mailing Address

14214 SW 53RD ST  
 300  
 MIAMI FL 33175  
 US

2. Principal Place of Business

**7005 N. Waterway Dr.**

3. Mailing Address

**7005 N. Waterway Drive**

Suite, Apt. #, etc.

**305**

Suite, Apt. #, etc.

**305**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33155**

Country

**USA**

Zip

**33155**

Country

**USA**

4. FEI Number

**65-0718054**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DE ARMAS, J A**  
**255 UNIVERSITY DRIVE**  
**CORAL GABLES FL 33134**

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, 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, 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

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | <b>T</b>                | <input type="checkbox"/> Delete |
| NAME           | <b>BROWN, HUGH P</b>    |                                 |
| STREET ADDRESS | <b>14214 SW 53RD ST</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33175</b>   |                                 |
| TITLE          | <b>O</b>                | <input type="checkbox"/> Delete |
| NAME           | <b>SUAREZ, AURORA</b>   |                                 |
| STREET ADDRESS | <b>14214 SW 53RD ST</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33175</b>   |                                 |
| TITLE          | <b>VP</b>               | <input type="checkbox"/> Delete |
| NAME           | <b>TORRES, ARLENE</b>   |                                 |
| STREET ADDRESS | <b>14214 SW 53RD ST</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33175</b>   |                                 |
| TITLE          | <b>S</b>                | <input type="checkbox"/> Delete |
| NAME           | <b>QUERO, MATILDE</b>   |                                 |
| STREET ADDRESS | <b>14214 SW 53RD ST</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33175</b>   |                                 |
| TITLE          | <b>P</b>                | <input type="checkbox"/> Delete |
| NAME           | <b>QUERO, ALFRED</b>    |                                 |
| STREET ADDRESS | <b>14214 SW 53RD ST</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33175</b>   |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| 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**

Date

Daytime Phone #

**1/25/02**

**305-263-6883**

CR2E034 (9/01)