

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102516

1. Entity Name

ALPHA INSTITUTE OF SOUTH FLORIDA, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90119 029 ***150.00

Principal Place of Business 904 PARK AVENUE LAKE PARK FL 33403 910 TENTH STREET LAKE PARK, FL 33403	Mailing Address 904 PARK AVENUE LAKE PARK FL 33403-2424 910 TENTH ST LAKE PARK, FL 33403
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 910 TENTH STREET Suite, Apt. #, etc.	3. Mailing Address 910 TENTH STREET Suite, Apt. #, etc.
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City & State LAKE PARK, FL	City & State LAKE PARK, FL	4. FEI Number 65-0719245	Applied For <input type="checkbox"/> Not Applicable
Zip 33403	Country USA	Zip 33403	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
~~BERNSTEIN, ALAN~~
~~4869-4 OKEECHOBEE BLVD~~
~~WEST PALM BEACH FL 33417~~

7. Name and Address of New Registered Agent
 Name: KEITH R. FINGERHUT
 Street Address (P.O. Box Number is Not Acceptable):
 c/o ALPHA INSTITUTE
 910 TENTH ST
 City: LAKE PARK FL Zip Code: 33403

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: KEITH R. FINGERHUT DATE: 4-20-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPIE, DOUGLAS C 19088 S.E. LOXAHATCHEE RIVER ROAD JUPITER FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESPIE, JANICE R 19088 S.E. LOXAHATCHEE RIVER ROAD JUPITER FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINGERHUT, KEITH R 480 EXECUTIVE CTR DR #2K W PALM BCH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	New ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 NORTH A1A N. HUTCHINSON ISLAND, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	New ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 2900 N. A1A N. HUTCHINSON ISLAND, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: KEITH R. FINGERHUT PRESIDENT Date: 4/20/2000 Daytime Phone #: 845-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)