

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90360 042 ***150.00

DOCUMENT # **P97000008774**
1. Entity Name
ALPA INTERNATIONAL GROUP INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2105 NW 79 AVE		3. Mailing Address 2105 NW 79 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33122	Country USA	Zip 33122	Country USA

DO NOT WRITE IN THIS SPACE

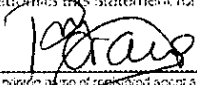
4. FEI Number 65-0832809	Applied For ☐
Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name PATRICIA CRAIG	
Street Address (P.O. Box Number is Not Acceptable) 2103 NW 79 AVE	
City MIAMI	Zip Code FL 33122

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:  **PATRICIA CRAIG** **PRESIDENT** **4/26/02**
Signature, typed or printed name of registered agent and title if applicable. (b)(7)(C). 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) ☒

January 1 - May 1 Fee is \$180.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

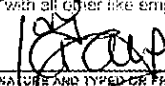
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D VP S T	NAME PATRICIA CRAIG	STREET ADDRESS 2105 NW 79 AVE	CITY-STATE-ZIP MIAMI FL 33122
TITLE VP D	NAME REINALDO RODRIGUEZ	STREET ADDRESS 2105 NW 79 AVE	CITY-STATE-ZIP MIAMI FL 33122
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **PATRICIA CRAIG** **4/26/02** **305 591 1323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/01)