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FILED
May 28, 2002 8:00 am
Secretary of State

04-28-2002 90780 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059696

1. Entity Name
ALPHA ACADEMY I, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7950 Taft Street	4700 N.State Rd.7
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 101A
City & State: Hollywood Fl	City & State: Lauderdale Lakes Fl
Zip: 33024 Country:	Zip: 33319 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0765889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: DAVID F. LEVY
Street Address (P.O. Box Number is Not Acceptable): 4700 N. State Rd 7 Ste 101A
City: Lauderdale Lakes FL Zip Code: 33319

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: X [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) ☐

January 1 - May 1 Fee is $150.00
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	PS	TITLE	
NAME	LEVY, DAVID F	NAME	
STREET ADDRESS	4700 N. STATE RD 7 STE 101A	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #