

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90003 046 \*\*\*150.00

DOCUMENT # *2 P970000060133*

1. Entity Name

*ALPHA BUSINESS SYSTEMS, INC.*

Principal Place of Business

Mailing Address

*1112 WESTON ROAD  
 SUITE 268  
 WESTON, FL 33326*

*1112 WESTON ROAD  
 SUITE 268  
 WESTON, FL 33326*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*65-0770945*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*RICHARD BORZYM  
 2660 EDGEWATER DRIVE  
 WESTON, FL 33332*

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>RICHARD BORZYM</i>	
STREET ADDRESS	<i>2660 EDGEWATER DRIVE</i>	
CITY-ST-ZIP	<i>WESTON, FL 33332</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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: *Richard Borzym*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/11/00* *(954) 385-9668*  
 Date Daytime Phone #

CR2E034 (9/99)

Doc # : 99700006133 ATTACHMENT 0073756

Alpha Business Systems, Inc.  
1112 Weston Road, Suite 268  
Weston, FL 33326

July 11, 2000

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Ms.:

Enclosed, please find my Uniform Business Report and fee for this year. I am enclosing this letter as well because I did not receive the preprinted form at my mailing address. After discussing the matter with your office, I requested and received a blank form for submittal. Since it is not the preprinted version, I entered only the information that should have appeared on the original form. In any event, there have not been any changes to the information, since last year's filing.

If you require any additional information, please contact me by phone or mail, at your convenience. I thank you for your support in this matter.

Very Truly Yours,



Richard Borzym  
President  
(954) 385-9668