## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P9700069751 1. Entity Name

ALPHA SURETY - H. LOPEZ, G.A., INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

## **FILED** May 10, 2001 8:00 am Secretary of State 05-10-2001 90200 012 \*\*\*150.00

MIAMI FL 33130			MIAMI FL 33130									
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.		,		DO NOT WRIT	E IN THIS SI	PACE			
City & State		City & State			4. FEI Num	4. FEI Number 65-0861362 Applied I						
Zip		Country	Zip	Coun	try	5. Certifica				8.75 Additional see Required		
	~⊶6.^Name	and Address of Current Re	gistered Agent - 🕌		يدعمي يد د	7. Name a	nd Address of New Re	egistered Aç	jent	<i>-</i>	].	
LOPEZ, HUMBERTO 320-A S.W. 12 AVENUE MIAMI FL 33130		,	Name Street Address (P.O. Box Number is Not Acceptable)									
			; ;		City	FL   z			Zip Cod	Zip Code		
8. The above	named entity	y submits this statement for t	ne purpose of changing	its registere	ed office or registe	ered agent, or b	ooth, in the State of Flor		<u>i</u>		1	
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SIGNATURE.	Signature, typed	or printed name of registered agent and	title if applicable. (N	OTE: Registered	d Agent signature require	ed when reinstating)		DATE				
Tax filing r		ible to satisfy its Intangible and elects to do so.		2001 Fee	IS \$150.00 will be \$550.00 epartment of Sta	1	Election Campaign Fina Trust Fund Contribution			DO May Be od to Fees		
11.		OFFICERS AND DI	RECTORS	12.	1	ADDITION	S/CHANGES TO OFFIC	CERS AND C	IRECTOR	RS IN 11	1	
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r nereby 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 appress, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR POSTED NAME OF SIGNING OFFICER OR DIRECTOR