

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093329

1. Entity Name

ALPHABET CITY, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90018 045 ***150.00

Principal Place of Business

513 CLEMATIS ST
 STE A
 WEST PALM BEACH FL 33401

Mailing Address

513 CLEMATIS ST
 STE A
 WEST PALM BEACH FL 33401-5303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE C
 City & State

Suite, Apt. #, etc.

SUITE C
 City & State

Zip

Country

Zip

Country

4. FEI Number 65-0792344

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.
 250 ROYAL PALM WAY
 SUITE 300
 PALM BEACH FL 33840

7. Name and Address of New Registered Agent

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

TITLE D
 NAME HELANDER, BRUCE
 STREET ADDRESS 1201 FLORIDA AVE
 CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE D
 NAME HELANDER, CLAUDIA F
 STREET ADDRESS 1201 FLORIDA AVE
 CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

BRUCE HELANDER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE
 HELANDER

4.28.00
 Date

561-655-0504
 Daytime Phone #

CR2E034 (9/99)