

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90296 012 ***150.00

0041207 AV

DOCUMENT # P97000101217

1. Entity Name

ALPHA & OMEGA BUSINESS AND INVESTMENT CORPORATION

Principal Place of Business

**7261 NEWFIELD DR.
 TALLAHASSEE FL 32303**

Mailing Address

**7261 NEWFIELD DR.
 TALLAHASSEE FL 32303**

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

46-1801342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, MANUEL N
 7261 NEWFIELD DR.
 TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name,

Erlinda S. Diaz

Street Address (P.O. Box Number is Not Acceptable)

7261 Newfield Dr

City

Tallahassee

FL

Zip Code

32303

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

Erlinda S. Diaz, President

4-25-02

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, 2002 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

IT PRESIDENT
DIAZ, LINDA S
7261 NEWFIELD DR
TALLAHASSEE FL 32303

DIAZ, MANUEL N
7261 NEWFIELD DR
TALLAHASSEE FL 32303

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PRESIDENT
DIAZ, ERLINDA
7261 Newfield DR
Tallahassee, FL 32303

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

Erlinda S. Diaz

4-25-02

**850
 562-3229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)