

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013262

1. Entity Name

ALPHA GENERAL MERCHANDISES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90266 008 ***150.00

Principal Place of Business

Mailing Address

242 NE 1ST ST
 MIAMI FL 33132
 US

242 NE 1ST ST
 MIAMI FL 33132-2504
 US

2. Principal Place of Business

3. Mailing Address

3015 NW 79th St

Suite, Apt. #, etc.
 # A-19, A-20

Suite, Apt. #, etc.

City & State
 Miami FL

City & State

4. FEI Number **65-0817708**

Applied For
 Not Applicable

Zip **33147**

Country **US**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAWA, ORSULA M
 1991 NE 196TH TERRACE
 N. MIAMI BEACH FL 33179

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

Orsula M Kawa

4/10/00

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 Delete
 NAME PSD
 STREET ADDRESS KAWA, ORSULA M
 CITY-ST-ZIP 1991 NE 196TH TERR
 MIAMI FL 33179

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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:

Orsula M Kawa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00