

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056120

1. Entity Name
ALPHA ETC., INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90014 010 ***550.00

Principal Place of Business
200 C2 CROSSWINDS
WEST PALM BEACH FL 33415

Mailing Address
200 C2 CROSSWINDS
WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1628 S. Club Drive

Suite, Apt. #, etc.

City & State

City & State
Wellington FL 33414

4. FEI Number 65-0846600

Applied For
Not Applicable

Zip Country

Zip 33414 Country USA

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

AHMED, MUJAHED
200 C2 CROSSWINDS
WEST PALM BEACH FL 33415

Name
Krishna Tripuraneni
Street Address (P.O. Box Number is Not Acceptable)
1628 S. Club Drive
City Wellington FL Zip Code 33414

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

8/22/00

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	AHMED, MUJAHED	
STREET ADDRESS	200 C2 CROSSWINDS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	President	<input type="checkbox"/> Delete
NAME	Tripuraneni, Krishna	
STREET ADDRESS	1628 S. Club Drive	
CITY-ST-ZIP	Wellington FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/00

Date

561/795-3330

Daytime Phone #

CP2E034 (5/00)

RONALD WITKOWSKI, P.A.
12798 WEST FOREST HILL BOULEVARD, SUITE 202
WELLINGTON, FLORIDA 33414
561-753-9093
561-791-2731 (FAX)

Attachment
P98000056120
A00779)

September 11, 2000

Secretary of State
409 E. Gaines Street
Tallahassee, Florida 32399


RE: Alpha Etc., Inc.
Our File no. 99-303RW

Dear Sirs:

Enclosed please find a check in the amount of \$550.00 together with the Uniform Business Report to be filed. Please file accordingly.

Should you have any questions, please do not hesitate to contact us.

Sincerely,



Nancy J. Mulligan
Certified Legal Assistant

...lnancy\secy-st.ltr