

2001 UNIFORM BUSINESS REPORT (UBR) (AMENDMENT)

DOCUMENT # **998000056120**

1. Entity Name
ALPHA ETC INC.

FILED
01 OCT 22 PM 2:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business **3650 SHAWNEE AVE** 3. Mailing Address **1033 Soelca DR**

Suite, Apt. #, etc. **WPB, FL 33405**

DO NOT WRITE IN THIS SPACE

City & State **WPB, FL** City & State **FL**

4. FEI Number **# 65-0846600** Applied For ☐ Not Applicable ☐

Zip **33409** Country **PB** Zip **33405** Country **PB**

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

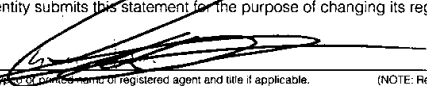
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KRISTINA TRIPOURANENI~~
1408 S. CLUB DRIVE
WELLINGTON FL 33414

Name **Carlos A Garcia**
Street Address (P.O. Box Number is Not Acceptable)
1033 Soelca Drive
City **WPB** FL Zip Code **33405**

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  DATE **10/19/2001**

(NOTE: Registered Agent signature required when reinstating)

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 12, 2001 Fee 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 **KRISHNA TRIPOURANENI** ☒ Delete
NAME **President**
STREET ADDRESS **1408 S. Drive Wellington, FL 33414**
CITY-ST-ZIP

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

TITLE **CARLOS A GARCIA** ☐ Delete
NAME **President**
STREET ADDRESS **1033 Soelca DR, WPB FL 33405**
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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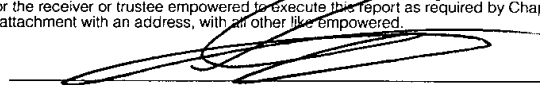
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 an other like empowered.

SIGNATURE:  DATE **10/19/2001**

CR2E034 (5/01)