

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058100

1. Entity Name
ALPHA INVESTMENT GROUP INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90052 028 ***150.00

Principal Place of Business

Mailing Address

11386 SW 11TH CT
DAVIE FL 33325
US

11386 SW 11TH CT
DAVIE FL 33325
US

2. Principal Place of Business

11551 SW 12TH CT

Suite, Apt. #, etc.

3. Mailing Address

11551 SW 12TH CT

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip

Country

33325

Zip

Country

33325

4. FEI Number

65-0846256

Applied For

Not Applicable

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

LEDUC, REJEAN

1001 N FEDERAL HWY
STE 205
HALLANDALE FL 33009

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, 2001 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 P
STREET ADDRESS DEMERS, SYLVAIN
CITY-ST-ZIP 11386 SW 11TH CT
DAVIE FL 33325

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS DEMERS, SYLVAIN
CITY-ST-ZIP 11551 SW 12TH CT
DAVIE FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYLVAIN DEMERS

01-20-01 954-325-5375

Date

Daytime Phone #

CR2E034 (10/00)