

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90213 022 \*\*\*550.00

**DOCUMENT # P98000071109**

1. Entity Name  
**ALPHA PRESS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**200 E. ROBINSON ST., STE. 500**      **200 E. ROBINSON ST., STE. 500**  
**ORLANDO FL 32801**      **ORLANDO FL 32801-1866**

2. Principal Place of Business      3. Mailing Address  
**3804 John Young**      **3804 John Young Pkwy**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#5**      **#5**  
 City & State      City & State  
**Orlando FL**      **Orlando FL**  
 Zip      Country      Zip      Country  
**32804**      **Orange**      **32804**      **Orange**

4. FEI Number      Applied For  
**59-3528837**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LATORRE, ALEX**  
**3804 JOHN YOUNG PARKWAY #5**  
**ORLANDO FL 32804**

7. Name and Address of New Registered Agent  
 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:  **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)      **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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LATORRE, ALEX	
STREET ADDRESS	3804 JOHN YOUNG PARKWAY #5	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LATORRE, MAGELINE	
STREET ADDRESS	3804 JOHN YOUNG PARKWAY #5	
CITY-ST-ZIP	ORLANDO FL 32804	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Alexis Latorre      Date: 7/17/00      Daytime Phone #: (407) 299-2121

CR2E034 (9/99)