

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90003 026 ***150.00

DOCUMENT # P98000095802

1. Entity Name

ALPHA INTERNATIONAL, INC.

Principal Place of Business

**9090 NW S RIVER DRIVE BAY 30
 MEDLEY FL 33166**

Mailing Address

**9090 NW S RIVER DRIVE BAY 30
 MEDLEY FL 33166**

549325

2. Principal Place of Business

9001E NW 97TRC

3. Mailing Address

9001E NW 97TRC

Suite, Apt. #, etc.

MEDLEY FL.

Suite, Apt. #, etc.

City & State

MEDLEY

4. FEI Number **65-0881674**

Applied For

Not Applicable

Zip

Country

33178

DADE

FL. 33178

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, ARMANDO A
 9090 NW S RIVER DRIVE BAY 30
 MEDLEY FL 33166**

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

9001E NW 97TRC.

City

MEDLEY

FL

Zip Code

33178

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

TITLE **D** ☒ Delete
 NAME **GARCIA, ARMANDO A**
 STREET ADDRESS **9090 NW S RIVER DRIVE BAY 30**
 CITY-ST-ZIP **MEDLEY FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **GARCIA ARMANDO A.** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9001E NW 97TRC**
 CITY-ST-ZIP **MEDLEY FL. 33178**

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)