## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P- 98 000 106 629 Jun 07, 2000 8:00 am **Secretary of State** ALPINE DELUXE, CORP 06-07-2000 90006 003 \*\*\*158.75 Principal Place of Business Mailing Address 8390 WEST FLAGLER ST SUITE 102 HIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 0886852 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUDOLF R. AMAYA Street Address (P.O. Box Number is Not Acceptable) 10000 NW 80 COURT # 2136 HALEAH GARDENS. FL 33016 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Addition Change ☐ Delete TITLE NAME R. AHAYA 10000 NW BO COOLT \$ 2136 HIALEAH GARDENS FL 330 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change - - - Addition ☐ Delete ---TITLE--- --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 fike empowered.

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SIGNATURE:

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Public Access	search key in the search field. Press SEARCH to begin the search.
Inquiry by: Corporation / Trademark Name Officer / Registered Agent Name Registered Agent Name Trademark Owner Name FEI Number Document Number Trademark Name	4/26/00 OFFICER/DIRECTOR DETAIL SCREEN  CORP NUMBER: P98000106629 CORP NAME: ALPINE DELUXE CORP.  TITLE: PT NAME: AMAYA, RUDOLF R  10000 NW 80 COURT #2136  HIALEAH GARDENS, FL 33016  TITLE: VS NAME: LA PUENTE, ARTURO  6231 SW 138 COURT #P  MIAMI, FL 33183
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