

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

04-05-2001 90452 006 ***158.75

DOCUMENT # P98000107225

1. Entity Name

ALPHA & OMEGA CONSTRUCTION SERVICES, INC.

Principal Place of Business

**8601 SW 129 TERR
MIAMI FL 33166**

Mailing Address

**8601 SW 129 TERR
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0913231

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

**DWECK, LUZ S
8601 SW 129 TERR
MIAMI FL 33166**

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

Luz Dweck

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DWECK, LUZ S
8601 SW 129 TERR
MIAMI FL 33166** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)



**OCARIZ, GITLIN
& ZOMERFELD, LLP**
CERTIFIED PUBLIC ACCOUNTANTS

July 20, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Alpha & Omega Construction Services, Inc.
Document No. P98000107225

We are responding to a letter received by our client, the above taxpayer whereby the 2001 Uniform Business Report was returned because of a missing signature, that of the new registered agent.

At this time we are enclosing the corrected report with both signatures as requested in your letter.

If you have any questions please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP

Denise Diaz-Garrastacho, C.P.A.
For the firm

DD/an

**PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY
RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED
ENVELOPE.**

Union Planters Bank Building
2151 LeJeune Rd.
Suite 312
Coral Gables, FL 33134
Tel: 305.444.8288
Fax: 305.444.8280
www.ogz-cpa.com

Members of:

American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants
ACPA International
with Offices Worldwide

Attachment
#P98000107225
76851

Attachment Doc # P98000107225-70851

2001 UNIFORM BUSINESS REPORT (UBR)

1/3/01-90452-006-\$158.75-\$158.75

DOCUMENT # P98000107225

1. Entity Name
Alpha & Omega Construction Services, Inc.

RECEIVED

APR 16 2001

Principal Place of Business Mailing Address
8601 S.W. 129th Terrace
Miami, FL 33156
US

ALPHA & OMEGA

Remember

2. Principal Place of Business 3. Mailing Address
City & State City & State
Miami, FL 33156 **Miami, FL 33156**
US **US**

4. FEI Number Applied For
65-091-3231 **Not Applicable**
5. Certificate of Status Desired **Additional**

6. Name and Address of Current Registered Agent
Ocariz, Hiram CPA
8601 S.W. 129th Terrace
Miami, FL 33156
7. Name and Address of New Registered Agent
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 to both in the State of Florida and in the United States.
SIGNATURE
DATE

9. This corporation is required to file this report with the Department of State.
Tax filing requirement and elects to do so.
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	Dweck, Luz E.	8601 S.W. 129th Terrace	Miami, FL 33156
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **Luz E. Dweck**
DATE: **3-01-01** DAYTIME PHONE: **(305) 252-2121**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 9, 2001

ALPHA & OMEGA CONSTRUCTION SERVICES, INC.
8601 SW 129 TERR
MIAMI, FL 33166

Subject: ALPHA & OMEGA CONSTRUCTION SERVICES, INC.

Reference Number: P98000107225

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/tr
ANNUAL REPORTS SECTION

RECEIVED

APR 16 2001

ALPHA & OMEGA