

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000003690****1. Entity Name**  
**ALPHA TRADING CORP.****Principal Place of Business****8450 N.W. 68TH ST.**  
**BAY #5**  
**MIAMI FL 33166****Mailing Address****8450 N.W. 68TH ST.**  
**BAY #5**  
**MIAMI FL 33166****2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **65-0887413**

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****ZARAKET, YOUSSEF****10703 S.W. 110TH COURT****MIAMI FL 33186**

Name

**ZARAKET YOUSSEF**

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

**8450 N.W. 68TH ST BAY 5****MIAMI, FL****33166**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD**  
**ZARAKET, YOUSSEF**  
**PO BOX 835068**  
**MIAMI FL 33283** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ AdditionTITLE  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90220 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)