


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90134 014 ***150.00

DOCUMENT # P99000018557	
1. Entity Name ALPHNET CORPORATION	

DO NOT WRITE IN THIS SPACE

11029687

2. Principal Place of Business 10076 BAY HARBOR TER Suite, Apt. #, etc.	3. Mailing Address 10076 BAY HARBOR TER Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State BAY HARBOR, FL	City & State BAY HARBOR, FL	4. FEI Number 65-0900512	Applied For <input type="checkbox"/> Not Applicable
Zip 33154	Country USA	Zip 33154	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

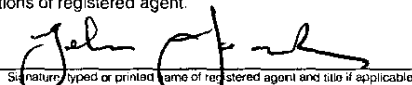
City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE


Signature typed or printed name of registered agent and title if applicable.

JOHN BERT JAIMOVICH

04/14/03

(NOTE: Registered Agent Signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	TITLE PRESIDENT
NAME JAIMOVICH, JOHN B	NAME JAIMOVICH, JOHN B
STREET ADDRESS 10076 BAY HARBOR TER	STREET ADDRESS 10076 BAY HARBOR TER
CITY-ST-ZIP BAY HARBOR, FL 33154	CITY-ST-ZIP BAY HARBOR, FL 33154
TITLE DIRECTOR	TITLE DIRECTOR
NAME JUDITH JAIMOVICH	NAME JUDITH JAIMOVICH
STREET ADDRESS 10076 BAY HARBOR TER	STREET ADDRESS 10076 BAY HARBOR TER
CITY-ST-ZIP BAY HARBOR, FL 33154	CITY-ST-ZIP BAY HARBOR, FL 33154
TITLE 	TITLE
NAME 	NAME
STREET ADDRESS 	STREET ADDRESS
CITY-ST-ZIP 	CITY-ST-ZIP
TITLE 	TITLE
NAME 	NAME
STREET ADDRESS 	STREET ADDRESS
CITY-ST-ZIP 	CITY-ST-ZIP
TITLE 	TITLE
NAME 	NAME
STREET ADDRESS 	STREET ADDRESS
CITY-ST-ZIP 	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN BERT JAIMOVICH

DATE

04/14/03 (305) 792 8929

DAYTIME PHONE

CR2E034B (12/02)