

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90176 029 ***150.00

DOCUMENT # P99000044666

1. Entity Name
ALPHA & OMEGA HOMES, INC.

Principal Place of Business
965 S.W. 71ST AVE
NORTH LAUDERDALE FL 33068

Mailing Address
965 S.W. 71ST AVE
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

5840 NW 16th PL

3. Mailing Address

5840 N.W. 16th PL

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33313

Country

Broward

Zip

33313

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0918953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ABRAHAM, JOSE
965 S.W. 71ST AVE
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name

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

5840 NW 16th PL #3

City

Sunrise

FL

Zip Code

33313

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

JOSE ABRAHAM

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

(NOTE: Registered Agent signature required when reinstating)

4/23/02

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **ABRAHAM, JOSE**
 STREET ADDRESS **2568 NW 120TH TERR.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **V** ☐ Delete
 NAME **ABRAHAM, ALEX**
 STREET ADDRESS **2568 NW 120TH TERR.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **S** ☐ Delete
 NAME **ABRAHAM, MANAK C**
 STREET ADDRESS **2568 NW 120TH TERR.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5840 NW 16th PL #3**
 CITY-ST-ZIP **Sunrise FL 33313**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5910 NW 16th PL #3**
 CITY-ST-ZIP **Sunrise FL 33313**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5840 NW 16th PL #3**
 CITY-ST-ZIP **Sunrise, FL 33313**

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

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

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:

JOSE ABRAHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 954-486-4200

Date

Daytime Phone #

CR2E034 (9/01)