

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90012 019 \*\*\*150.00

**DOCUMENT #** P99000061474  
**1. Entity Name**  
 ALPHA OMEGA TRAVEL INC

**Principal Place of Business** 1851 SE PT. ST. LUCIE BLVD.  
 PORT ST. LUCIE FL 34952  
**Mailing Address** 1851 SE PT. ST. LUCIE BLVD.  
 PORT ST. LUCIE FL 34952

**2. Principal Place of Business** 7224 S. US 1  
 Suite, Apt. #, etc. 16  
**3. Mailing Address** 7224 S. US 1  
 Suite, Apt. #, etc. 16

**City & State** PT ST LUCIE FL  
**Zip** 34952  
**Country** ST LUCIE  
**City & State** PT ST LUCIE FL  
**Zip** 34952  
**Country** ST LUCIE



DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0932311  
**Applied For** ☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 GREGORIAN, GERALDINE  
 1102 SE PARRISH CT.  
 PORT ST. LUCIE FL 34952

**7. Name and Address of New Registered Agent**  
**Name** GERALDINE GREGORIAN  
**Street Address (P.O. Box Number is Not Acceptable)** 3840 SANDRACE CT  
**City** PT ST LUCIE **FL** **Zip Code** 34952

**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]* **DATE** 7/28/02  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

|              |                      |                       |                    |                                 |
|--------------|----------------------|-----------------------|--------------------|---------------------------------|
| <b>TITLE</b> | <b>NAME</b>          | <b>STREET ADDRESS</b> | <b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete |
|              | P FEENEY, ADELINE    | 29305 LONGVIEW        |                    |                                 |
|              | 41028 SHAIN LANE     |                       |                    |                                 |
|              | QUARTZ HILL CA 93536 | JUNIPER HILLS         |                    |                                 |
|              |                      | CA 93553              |                    | <input type="checkbox"/> Delete |
| <b>TITLE</b> | <b>NAME</b>          | <b>STREET ADDRESS</b> | <b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete |
| <b>TITLE</b> | <b>NAME</b>          | <b>STREET ADDRESS</b> | <b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete |
| <b>TITLE</b> | <b>NAME</b>          | <b>STREET ADDRESS</b> | <b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete |
| <b>TITLE</b> | <b>NAME</b>          | <b>STREET ADDRESS</b> | <b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|              |             |                       |                    |   |
|--------------|-------------|-----------------------|--------------------|---|
| <b>TITLE</b> | <b>NAME</b> | <b>STREET ADDRESS</b> | <b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b> | <b>NAME</b> | <b>STREET ADDRESS</b> | <b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b> | <b>NAME</b> | <b>STREET ADDRESS</b> | <b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b> | <b>NAME</b> | <b>STREET ADDRESS</b> | <b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b> | <b>NAME</b> | <b>STREET ADDRESS</b> | <b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> 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]* **DATE** 7/26/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)