

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065174

1. Entity Name

ALPHA 5709 CORPORATION

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90306 022 ***150.00

Principal Place of Business

5709 AUSTRALIAN AVE.
W. PALM BEACH FL 33407

Mailing Address

5709 AUSTRALIAN AVE.
W. PALM BEACH FL 33407

2. Principal Place of Business

5709 Australian Ave

809 OLD DIXIE HWY

3. Mailing Address

5709 Australian Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

mangonia Park, Florida

City & State

Riviera Beach, Florida

Zip

Country

33407 U.S.A.

Zip

Country

33404 U.S.A.

4. FEI Number

65-0939773

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

GHAWALI, JOUDEH J

5709 AUSTRALIAN AVE.
W. PALM BEACH FL 33407

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GHAWALI, JOUDEH J 5709 AUSTRALIAN AVE. W. PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/01 (56) 707-7066
Date Daytime Phone #

CR2E034 (10/00)