

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

02 JUL -5 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000065174

1. Entity Name

ALPHA 5709 CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5709 Australian Ave.

Suite, Apt. #, etc.

3. Mailing Address

5709 Australian Ave.

Suite, Apt. #, etc.

City & State

Mangonia Park, Florida

Zip

33407

Country

Palm Beach

City & State

Mangonia Park, Florida

Zip

33407

Country

Palm Beach

4. FEI Number

65-0939773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Joudeh J. Ghawali

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

5709 AUSTRALIAN AVE

City MANGONIA PARK

FL

Zip Code

33407

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

6-19-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P	TITLE	200006312242--6
NAME	Joudeh J. Ghawali	NAME	-07/10/02--01031--021
STREET ADDRESS	5709 Australian Ave.	STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	Mangonia Park, FL 33407	CITY-ST-ZIP	
TITLE	V/T/S	TITLE	
NAME	Saleh D. Ahmad	NAME	
STREET ADDRESS	5709 Australian Ave.	STREET ADDRESS	
CITY-ST-ZIP	Mangonia Park, FL 33407	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

[Handwritten initials]

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 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 #

5/1/02 (561) 842-8136

CR2E034B (12/01)