

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075459

1. Entity Name
ALPHA REMODELING CORP.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90213 027 ***150.00

Principal Place of Business Mailing Address
9900 SW 62 ST. 20771 SW 172 AVE 9900 SW 62 ST. 20771 SW 172 AVE
MIAMI FL 33178 MIAMI FL 33173
MIAMI FL 33187 MIAMI FL 33187

755572



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
20771 SW 172 AVE 20771 SW 172 AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL MIAMI FL
Zip Country Zip Country
33187 MIAMI - Dade 33187 MIAMI - Dade

4. FEI Number 65-0943351 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CASTILLO, GILBERTO
9900 SW 62 ST. 20771 SW 172 AVE
MIAMI FL 33173 MIAMI FL 33187

7. Name and Address of New Registered Agent
Name GILBERTO CASTILLO
Street Address (P.O. Box Number is Not Acceptable)
20771 SW 172 AVE
City MIAMI FL Zip Code 33187

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 GILBERTO CASTILLO 3/4 - 7001
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. ☐ 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	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTILLO, GILBERTO		NAME		
STREET ADDRESS	9900 SW 62 ST. 20771 SW 172 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173 MIAMI FL 33187		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE GUEVARA, OSCAR L		NAME		
STREET ADDRESS	2821 SW 120 RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTILLO, MARIA V		NAME		
STREET ADDRESS	9900 SW 62ND ST 20771 SW 172 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173 MIAMI FL 33187		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: GILBERTO CASTILLO 3/4 - 01 235 - 7278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)