

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083531

1. Entity Name
ALPHA REALTY CORPORATION

Principal Place of Business	Mailing Address
8150 S.W. 8TH STREET SUITE 127 MIAMI FL 33144	8150 S.W. 8TH STREET SUITE 127 MIAMI FL 33144-4264

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

RUIZ, VIDAL
8150 S.W. 8TH STREET
SUITE 127
MIAMI FL 33144

FILED
00 APR 25 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3/16/00 90031/043 \$150.00
DO NOT WRITE IN THIS SPACE

4. FEI Number 105-10156528	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name FERNANDO ALBUERNE	
Street Address (P.O. Box Number is Not Acceptable) 6424 COLINS AVE APT 203	
MIAMI BEACH	
City	Zip Code FL 33141

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) 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, 2000 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	PD RUIZ, VIDAL 8150 S.W. 8TH STREET MIAMI FL 33144 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDO ALBUERNE 6424 COLINS AVENUE APT 203 MIAMI BEACH FL 33141 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MESA, JORGE 8150 S.W. 8TH STREET, SUITE 127 MIAMI FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VILLACRECES, MANUEL 8150 S.W. 8TH STREET, SUITE 127 MIAMI FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VILLACRECES, MANUEL 7302 NW 109 PL MIAMI FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TORRES, JUAN 7302 NW 109 PL MIAMI FL 33178 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E004 (9/99)