

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000098284**

1. Entity Name

ALFA BETA C, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90187 006 ***150.00

Principal Place of Business

LAW OFFICES OF ELIZABETH C. PINES-CONTE
3301 PONCE DE LEON BLVD. SUITE 200
CORAL GABLES FL 33134

Mailing Address

LAW OFFICES OF ELIZABETH C. PINES-CONTE
3301 PONCE DE LEON BLVD. SUITE 200
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

13260 SW 136 TERR

Suite, Apt. #, etc.

13260 SW 136 TERRACE

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33186

Country

USA

Zip

33186

Country

USA4. FEI Number **APPLIED FOR**
65-0976678

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

PINES-CONTE, ELIZABETH C ESQ.
3301 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134Name **VLADIMIR GESSEN**

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

13260 SW 136 TERRACE

City

MIAMI

FL

Zip Code

33186

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

01 MAY 20019. 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 State10. 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 ☐ Delete
NAME **PD**
STREET ADDRESS **GESSEN, VLADIMIR**
CITY-ST-ZIP **3301 PONCE DE LEON BLVD. SUITE 200**
CORAL GABLES FL 33134TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **CHATAING, GERMAN FEBRES**
CITY-ST-ZIP **3301 PONCE DE LEON BLVD. SUITE 200**
CORAL GABLES FL 33134TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD**
STREET ADDRESS **GESSEN, MARIA MERCEDES**
CITY-ST-ZIP **3301 PONCE DE LEON BLVD. SUITE 200**
CORAL GABLES FL 33134TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT**01 MAY 2001 971 5610**

CR2E034 (10/00)