

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90087 026 ***150.00

DOCUMENT # P99000098284

1. Entity Name
ALFA BETA C, INC.

Principal Place of Business
LAW OFFICES OF ELIZABETH C. PINES-CONTE
13260 SW 136 TERRACE
MIAMI FL 33186

Mailing Address
LAW OFFICES OF ELIZABETH C. PINES-CONTE
13260 SW 136 TERRACE
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ALFABETAC Inc.
Suite, Apt. #, etc.
13260 SW 136 TERRACE

3. Mailing Address
ALFA BETA C. INC.
Suite, Apt. #, etc.
13260 SW 136 TERRACE

City & State
MIAMI FLORIDA
Zip
33186

City & State
MIAMI FLORIDA
Zip
33186

4. FEI Number **65-0976678**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GESSEN, VLADIMIR
13130 SW 136 TERRACE
MIAMI FL 33186

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GESSEN, VLADIMIR	3301 PONCE DE LEON BLVD. SUITE 200	CORAL GABLES FL 33134	<input type="checkbox"/>
VPD	CHATAING, GERMAN FEBRES	3301 PONCE DE LEON BLVD. SUITE 200	CORAL GABLES FL 33134	<input type="checkbox"/>
SD	GESSEN, MARIA MERCEDES	3301 PONCE DE LEON BLVD. SUITE 200	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 09, 2002 (305) 9715610
Date Daytime Phone #

CR2E034 (9/01)