

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90623 005 ***150.00

DOCUMENT # 999000105107

1. Entity Name
ALPHA INTERNATIONAL TRADING CORP

Principal Place of Business Mailing Address
1061 NW 185th TERRACE Pembroke Pines, FL 33029 1061 NW 185th TERRACE Pembroke Pines, FL 33029

659258

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <u>65-0965336</u>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<u>SPIEGEL & UTARRA PA</u> <u>343 ALMERIA AVE</u> <u>CORAL GABLES FL 33134</u>			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 _____ (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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 ADDITIONAL FEE FOR LATE FILING IS \$50.00 MATCH THE PAYMENT TO THE STATE OF FLORIDA	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <u>AD</u>	NAME: <u>PACHECO ALEJANDRO</u> <input type="checkbox"/> Delete	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <u>1061 NW 185th TERRACE</u>	CITY-ST-ZIP: <u>PEMBROKE PINES FL 33029</u>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <u>SVD</u>	NAME: <u>PACHECO JELISSET</u> <input type="checkbox"/> Delete	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <u>1061 NW 185th TERRACE</u>	CITY-ST-ZIP: <u>PEMBROKE PINES FL 33029</u>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME: <input type="checkbox"/> Delete	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME: <input type="checkbox"/> Delete	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME: <input type="checkbox"/> Delete	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	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: Alejandro Pacheco 04/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (11/00)