

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90111 033 ***150.00

DOCUMENT # S13416

1. Entity Name

ALPHA USA, INC.



Principal Place of Business

445 N COUNTRY CLUB DR
ATLANTIS FL 33462

Mailing Address

%ACCOUNTING & BUSINESS CONSULTANTS
17 ROSE DRIVE
FT. LAUDERDALE FL 33316
US

2. Principal Place of Business

3. Mailing Address

c/o Acctg. & Bus. Cnslts.
1535 SE 17th St., B206

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL
33316 U.S.

Zip

Country

Zip

Country

4. FEI Number

65-0230584

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BURT, WILLIAM
445 N COUNTRY CLUB DR
ATLANTIS FL 33462

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BURT, WILLIAM
STREET ADDRESS 445 N COUNTRY CLUB DRIVE
CITY-ST-ZIP ATLANTIS FL 33462 ☐ Delete

TITLE VP
NAME BURT, NORMA M
STREET ADDRESS 445 N COUNTRY CLUB DRIVE
CITY-ST-ZIP ATLANTIS FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William A. Burt* 2/17/03 561-966-0936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)