

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90363 017 ***150.00

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DOCUMENT # K52096



1. Entity Name
MICHAEL O. ALBERTINE, P.A.

Principal Place of Business
**2200 W. COMMERCIAL BLVD.
SUITE 301
FT. LAUDERDALE FL 33309
US**

Mailing Address
**2200 W. COMMERCIAL BLVD.
SUITE 301
FT. LAUDERDALE FL 33309
US**



2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 102

Suite, Apt. #, etc.
SUITE 102

CHECK HERE IF MAKING CHANGES

City & State
SAME

City & State
SAME

4. FEI Number **65-0094773**

Applied For
 Not Applicable

Zip **same** Country

Zip **same** Country

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

**ALBERTINE, MICHAEL O.
2200 WEST COMMERCIAL BOULEVARD
SUITE 301
FT. LAUDERDALE FL 33309**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** Delete
NAME **ALBERTINE, MICHAEL O.**
STREET ADDRESS **2200 WEST COMMERCIAL BLVD. STE. 301**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **same** Change Addition
NAME **"**
STREET ADDRESS **2200 W COMMERCIAL BLVD STE 102**
CITY-ST-ZIP **same**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4/17/03 **954-777-3133**
Date Daytime Phone #

CR2E034 (10/02)