2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P01000017842

1. Entity Name
ALBO BROKERAGE, INC.

Principal Place of Business	Mailing Address
2503 S.W. 9TH AVENUE	2503 S.W. 9TH AVENUE
MIAMI FL 33129	MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
28 N.E. 29TH STREET	28 N.E. 29TH STREET
Suite, Apt. #, etc. 1	Suite, Apt. #, etc. 1
City & State Miami, Florida	City & State Miami
Zip 33137 Country USA	Zip 33137 Country USA

4. FEI Number 65-10 75551   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
HERNANDEZ, MANUEL R	Name
2503 S.W. 9TH AVENUE	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33129	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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. (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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME HERNANDEZ, MANUEL R STREET ADDRESS 2503 S.W. 9TH AVENUE CITY-ST-ZIP MIAMI FL 33129		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 so empowered.

SIGNATURE: _____   3/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #