

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90173 004 \*\*\*150.00

**DOCUMENT # P01000091024**

1. Entity Name  
**ALBAFO INC.**

Principal Place of Business  
**10415 NW 7TH AVE**  
**MIAMI FL 33150**

Mailing Address  
**10415 NW 7TH AVE**  
**MIAMI FL 33150**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**91 NE 54 Street # 5**  
 Suite, Apt. #, etc.  
**Miami, FL 33137**

3. Mailing Address  
**91 NE 54 Street # 5**  
 Suite, Apt. #, etc.  
**Miami, FL 33137**

City & State  
**Miami, FL 33137**

City & State  
**Miami, FL 33137**

4. FEI Number  
**65-1141165**

Applied For  
☐ Not Applicable

Zip  
**33137**

Country  
**U.S.A**

Zip  
**33137**

Country  
**U.S.A**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ALEXANDRE, NOTHOMB**  
**14260 SW 68TH ST**  
**MIAMI FL 33183**

**7. Name and Address of New Registered Agent**

Name **Jean Max Desape**  
 Street Address (P.O. Box Number is Not Acceptable)  
**22 NW 119 Street**  
 City **Miami** **FL** Zip Code **33168**

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 **Jean Max Desape**  
 Signature, typed or printed name of registered agent and title if applicable.

**Director**  
 (NOTE: Registered Agent signature required when reinstating)

**03/11/2002**  
 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXANDRE, NOTHOMB 14260 SW 68TH ST MIAMI FL 33183 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jean Max Desape 22 NW 119 Street Miami, FL 33168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Raymond Jean Rene 21977 Belinda Avenue Port Charlotte, FL 33962 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jean Max Desape**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/11/2002**  
 Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
DOC# PO10000  
91024



TravelersExpressMoneyGram

INTERNATIONAL  
MONEY ORDER

PAY TO THE ORDER OF: Fal Dept of Revenue  
Division of Corporation

ALBAFO INC

PURCHASER, SIGNER FOR DRAWER:  
PURCHASER BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS:

Payable Through  
Wf National Bank  
South Central  
Fairbault, MN

ISSUER/DRAWER:  
TRAVELERS EXPRESS COMPANY, INC.

:091900533:985 21197280

90

IMPORTANT - SEE BACK BEFORE CASHING

9852119728  
MONEY ORDER

ONE HUNDRED \*  
FIFTY DOLLARS \*\*  
00 CENTS \*\*\*\*\*

53161001070009  
0806045067178728

03/08/02 75-53  
919