

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90169 025 ***150.00

DOCUMENT # 199727

1. Entity Name
ALBERTA-BEALE INC

Principal Place of Business
**90 S E 5TH AVE
 DELRAY BEACH FLA 33483**

Mailing Address
**ROBERT PALAZZI
 702 N. SWINTON AVE.
 DELRAY BEACH FL 33444**

00040020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6072981**

Applied For
 Not Applicable

Zip

Country

Zip

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

**BONCHECK, MIKE
 90 SE 5TH AVE
 DELRAY BEACH FL 33483**

DECEASED

Name **PATRICK BROWN**

Street Address (P.O. Box Number is Not Acceptable)

90 S.E. 5 AVE # 1

City **Delray Bch** FL Zip Code **33483**

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 *Robert J Palazzi*

DATE **4-5-01**

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, 2001 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 Delete
 NAME **P BONCHEK, MICHAEL**
 STREET ADDRESS **90 SE 5TH AV**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

DECEASED

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T PALAZZI, ROBERT**
 STREET ADDRESS **702 N. SWINTON AVE.**
 CITY-ST-ZIP **DELRAY BEACH FL 33449**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PRES. PAT. BROWN**
 STREET ADDRESS **90 SE 5 AVE**
 CITY-ST-ZIP **DELRAY Bch, FL. 33483**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
 NAME
 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: *Robert J Palazzi*

DATE **4-5-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/00)