

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90182 032 ***150.00

AU054283



DO NOT WRITE IN THIS SPACE

DOCUMENT # K63302

1. Entity Name

ALBERT & WILHELM PROPERTY, INC.

Principal Place of Business

Mailing Address

540 BRICKELL KEY DR.
 SUITE 1227
 MIAMI FL 33131
 US

9260 SW 72ND STREET
 SUITE 206
 MIAMI FL 33173-3255
 US

2. Principal Place of Business

2730 SW 3rd Ave

3. Mailing Address

Suite, Apt. #, etc.

207

City & State

Miami, FL

Suite, Apt. #, etc.

City & State

4. FEI Number

65-0169350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

Zip

33129

Country

Miami-Dade

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLD, ANDREW ESO
 1701 BARNETT BANK TOWER
 ONE EAST BROWARD BOULEVARD
 FORT LAUDERDALE FL 33301

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.

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, 2000 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 D
 STREET ADDRESS ARNBACK, CHRISTER
 CITY-ST-ZIP 540 BRICKELL KEY DR. #1227
 MIAMI FL 33131

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 548 S Mashta Dr
 CITY-ST-ZIP Key Biscayne, FL 33149

TITLE ☐ Delete
 NAME PTS
 STREET ADDRESS HAEGER, JONAS
 CITY-ST-ZIP 540 BRICKELL KEY DR #1227
 MIAMI FL 33131

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 548 S Mashta Dr
 CITY-ST-ZIP Key Biscayne, FL 33149

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

REQUIRED Jonas Haeger-Pres

03/28/00

305-285-0299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)