

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91807 015 \*\*\*150.00

**DOCUMENT # K63302**

1. Entity Name  
**ALBERT & WILHELM PROPERTY, INC.**



Principal Place of Business  
**548 S. WASHITA DR  
KEY BISCAYNE FL 33149  
US**

Mailing Address  
**9260 SW 72ND ST  
SUITE 206  
MIAMI FL 33173-3255  
US**

2. Principal Place of Business  
**781 ALLENDALE ROAD**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

**MIAMI-DADE**

Zip

**MIAMI-DADE**

Country

**MIAMI-DADE**

Country

**MIAMI-DADE**

4. FEI Number **65-0169350**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLD, ANDREW ESQ  
204 S BISCAYNE BLVD  
STE 1208  
MIAMI FL 33131**

Name  
**JONAS HAEGER**

Street Address (P.O. Box Number is Not Acceptable)  
**781 ALLENDALE ROAD**

City  
**KEY BISCAYNE FL** Zip Code  
**33149**

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 **04/26/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D ARNBACK, CHRISTER 548 S. WASHITA DR KEY BISCAYNE FL 33149</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>781 ALLENDALE ROAD KEY BISCAYNE, FL 33149</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTS HAEGER, JONAS 548 S. WASHITA DR KEY BISCAYNE FL 33149</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>781 ALLENDALE ROAD KEY BISCAYNE, FL 33149</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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** **HAEGER-PRES** **04/26/03** **305-365-9606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)