

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013121 AF

DOCUMENT # L99000001400

1. Entity Name

ALBERTSON ENTERPRISES, LLC

FILED

2001 APR 30 AM 10:32

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5237 NORTH DIXIE HIGHWAY #B-2  
FT. LAUDERDALE FL 33334

Mailing Address

5237 NORTH DIXIE HIGHWAY #B-2  
FT. LAUDERDALE FL 33334

2. Principal Place of Business

1440 SW 82nd Terrace

3. Mailing Address

1440 SW 82nd Terrace

Suite, Apt. #, etc.

# 924

Suite, Apt. #, etc.

# 924

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. FEI Number

65-0899929

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MIKE ALBERTSON

5237 NORTH DIXIE HIGHWAY #B-2

FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

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

1440 SW 82nd Terrace

# 924

City

PLANTATION

FL

Zip

33324

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

*Mike Albertson*

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

(NOTE: Registered Agent signature required when reinstating)

*April 23/01*

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

200004219872--9  
-05/16/01--01061--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBERTSON, MIKE 301 CLEMATIS STREET WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBERTSON, ANDREA 5237 NORTH DIXIE HIGHWAY #B-2 FT. LAUDERDALE FL 33334	<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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBERTSON, MIKE 1440 SW 82nd Terrace #924 Plantation, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBERTSON, ANDREA 1440 SW 82nd Terrace #924 Plantation, FL 33324	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Mike Albertson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*April 23/01 954 236-6441*

Date

Daytime Phone #

CR2E083 (11/00)