

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001402

1. Entity Name

ALBERTSON ENTERPRISES II, LLC

Principal Place of Business

5237 N. DIXIE HWY. #B-2
FT. LAUDERDALE FL 33334

Mailing Address

5237 N. DIXIE HWY. #B-2
FT. LAUDERDALE FL 33334

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 15 AM 10:02



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

65-0899927

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TILIS & LOREN, P.A.
ATTN: BRUCE E. LOREN, ESQ.
301 CLEMATIS STREET, SUITE 3000
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: Andrea Albertson, MIKE
Street Address (P.O. Box Number is Not Acceptable)
5237 North Dixie Hwy #B-2
City: FORT LAUD. FL Zip Code: 33334

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

9-7-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete
NAME: ALBERTSON, MIKE
STREET ADDRESS: 301 CLEMATIS ST., SUITE 3000
CITY-ST-ZIP: WEST PALM BEACH FL 33401

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☒ Addition
NAME: ~~MANAGER-EE~~ ALBERTSON, ANDREA
STREET ADDRESS: 5237 NORTH DIXIE HWY #B-2
CITY-ST-ZIP: FORT LAUD., FL 33334

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 300003399223--8
CITY-ST-ZIP: -09/20/00--01022--017

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: *****50.00 *****50.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

Michael Albertson **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

9-7-00

CR2E083 (5/00)