

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001402

1. Entity Name
ALBERTSON ENTERPRISES II, LLC

01 MAY -1 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business
1440 SW 82nd Terrace
Suite, Apt. #, etc.
#924

3. Mailing Address
1440 SW 82nd Terrace
Suite, Apt. #, etc.
#924

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION, FL
Zip
33324
Country
USA

City & State
PLANTATION, FL
Zip
33324
Country
USA

4. FEI Number
65-0899927

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
MIKE ALBERTSON
Street Address (P.O. Box Number is Not Acceptable)
1440 SW 82nd Terrace
#924
City & State
PLANTATION FL Zip Code
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)

DATE
April 23/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBERTSON, MIKE 301 CLEMATIS ST., SUITE 3000 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBERSON, ANDREA 5237 N. DIXIE HWY. #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
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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* DATE: April 23/01 (954) 236-6641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

0013125 AF

CR2E083 (11/00)