

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90006 037 ***155.00

DOCUMENT # M99146

1. Entity Name
ALBARIO INCORPORATED

Principal Place of Business
**7795 WEST FLAGLER STREET
 SPACE #79A&B
 MIAMI FL 33144**

Mailing Address
**7795 WEST FLAGLER STREET
 66
 MIAMI FL 33144
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0069354**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KHURSHID, TARIQ
 15200 TATENSHALL TRL
 FT. LAUDERDALE FL 33331**

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 owner, 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, 2002 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 **DP CHAUDHARY, GLUAM A.**
 STREET ADDRESS **15910 SW 56TH STREET**
 CITY-ST-ZIP **DAVIE FL 33331**

TITLE ☐ Change ☒ Addition
 NAME **S AKRAM, MOHAMMAD**
 STREET ADDRESS **8870 - FONTAINE BLVD APT 111**
 CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Delete
 NAME **DV KHURSHID, TARIQ**
 STREET ADDRESS **15200 TATENSHALL TRAIL**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33331**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/02

954-224-4577

Date

Daytime Phone #

CR2E034 (9/01)