

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90143 008 \*\*\*150.00

**DOCUMENT #** P00000004207

**1. Entity Name**

ALBERN, INC.



**DO NOT WRITE IN THIS SPACE**

80070243

**2. Principal Place of Business** 505 S. Flagler Drive  
**3. Mailing Address** 505 S. Flagler Drive

Suite, Apt. #, etc. 1330 Suite, Apt. #, etc. 1330

City & State W. Palm Beach, FL City & State W. Palm Beach, FL

Zip 33401 Country USA Zip 33401 Country USA

**4. FEI Number** 65-0980736  
**Applied For** Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** Kirk Friedland

**Street Address (P.O. Box Number is Not Acceptable)** 505 S. Flagler Drive

Suite 1330

**City** W. Palm Beach **FL** **Zip Code** 33401

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D.P.S Alma Carmel 505 S. Flagler Dr., #1330 W. Palm Beach, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Alma Carmel **ALMA CARMEL - PRESIDENT** D. 02/25/03 561-655-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)

Attachment # 86070243  
P00000004207

**KIRK FRIEDLAND**

**Attorney at Law**

505 South Flagler Drive, Suite 1330

West Palm Beach, Florida 33401

Tuesday, April 1, 2003

Telephone: (561) 655-8200

Fax: (561) 655-1389

E-Mail: [kirklaw@gate.net](mailto:kirklaw@gate.net)

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

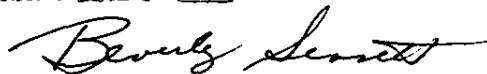
RE: Albem, Inc

Gentlemen:

Enclosed please find the For Profit Corporation Uniform Business Report (UBR) for the above referenced company, together with check No. 0433 in the amount of \$150.00 to cover the cost of filing the same.

Thank you for your assistance in this matter.

Sincerely yours,



Beverly Sennett  
Certified Legal Assistant

Enclosures