FROM : L & J Management FAX NO. : 305-266-5758

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90886 018 ***150.00

2002 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000053481

1. Entity Name

Albelo's Printing Corp

665559

Principal Place of Business
5311 N.W 79 AVE
Miami, Fl 33166

Mailing Address
5311 N.W 79 AVE
Miami, Fl 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address
5311 N.W 79 AVE
Suite, Apt. #, etc.

City & State
Miami Fl

Zip 33166 | Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1012938 | Applied For | Not Applied For

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

6. Name and Address of Current Registered Agent

Jorge E. Albelo
5311 N.W 79 AVE
Miami, Fl 33166

7. Name and Address of New Registered Agent

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 | Date

(Signature of a member or agent of the corporation. See name of registered agent and title if applicable) (NOTE: Required. Agent signature required when combined)

9. The corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW IF FEB 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

OFFICERS AND DIRECTORS

11.

TITLE	President
NAME	Jorge E. Albelo
STREET ADDRESS	5311 N.W 79 AVE
CITY-ST-ZIP	Miami, Fl 33166

☐ Delete

TITLE	Secretary
NAME	Fidel Albelo
STREET ADDRESS	5311 N.W 79 AVE
CITY-ST-ZIP	Miami, Fl 33166

☐ Delete

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12.

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add

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