

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90111 037 ***150.00

DOCUMENT # P00000053487

1. Entity Name
ALBELO'S PRINTING CORP.



Principal Place of Business
**5311 N.W. 79TH AVENUE
MIAMI FL 33166
US**

Mailing Address
**5311 N.W. 79TH AVENUE
MIAMI FL 33166
US**

2. Principal Place of Business

3. Mailing Address
5311 NW 79 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami Florida

4. FEI Number
65-1012938

Applied For
Not Applicable

Zip

Country

Zip
33166

Country
USA

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

**ALBELO, JORGE E
5311 N.W. 79TH AVENUE
MIAMI FL 33166**

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALBELO, JORGE E	
STREET ADDRESS	5311 N.W. 79TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALBELO, FIDEL	
STREET ADDRESS	5311 N.W. 79TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	Wendilyn OSORIO	
STREET ADDRESS	5311 NW 79 AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 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

04/09/03 (305) 471 0222

Date

Daytime Phone #

CR2E034 (10/02)