

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90167 010 \*\*\*150.00

**DOCUMENT # P01000062203**

1. Entity Name  
**RHONDA ALBIN, INC.**



Principal Place of Business  
**2651 ROCK ISLAND ROAD SUITE 108  
MARGATE FL 33063**

Mailing Address  
**2651 ROCK ISLAND ROAD SUITE 108  
MARGATE FL 33063**

2. Principal Place of Business  
**1531 NW 45th St**

3. Mailing Address  
**1531 NW 45th St**

Suite, Apt. #, etc.  
**# B3**

Suite, Apt. #, etc.  
**# B3**

City & State  
**Deerfield Beach, FL**

City & State  
**Deerfield Beach, FL**

Zip  
**33064**

Country  
**US**

Zip  
**33064**

Country  
**US**

4. FEI Number  
**65-1116725**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**ALBIN, RHONDA  
2651 ROCK ISLAND ROAD SUITE 108  
MARGATE FL 33063**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number in )  
City  
**FL** Zip

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 Rhonda Albin, president DATE 4/14/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ALBIN, RHONDA  
2651 ISLAND RD, STE 108  
POMPAO BEACH FL 33063** ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: Rhonda Albin **REQUIRED** DATE 4/14/03 (954) 988-9632  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (10/02)