

FILED
May 29, 2003 8:00 am
Secretary of State

05-05-2003 90141 018 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

5/5/200

DOCUMENT # P02000127075

1. Entity Name
 ALBIZU & MIRD, INC.



Principal Place of Business
 9431 DEARMONT AVENUE
 ORLANDO FL 32825
 US

Mailing Address
 9431 DEARMONT AVENUE
 ORLANDO FL 32825
 US

55044333



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3607752

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

7. Name and Address of New Registered Agent

ALBIZU, FERMIS G
 9431 DEARMONT AVENUE
 ORLANDO FL 32825

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

F. S. Colli
 Signature of registered agent or authorized officer and title if applicable

(NOTE: Registered Agent's Signature required when reappointing)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	ALBIZU, FERMIS G	NAME	
STREET ADDRESS	9431 DEARMONT AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	MIRD, JAMES E	NAME	
STREET ADDRESS	4188 SUGARPALM TERRACE	STREET ADDRESS	
CITY-ST-ZIP	OWIEDO FL 32765	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

F. S. Colli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)