

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90107 043 ***150.00

DOCUMENT # P95000001032

1. Entity Name
ALBA HOLDINGS, CORP.

Principal Place of Business

Mailing Address

170 OCEAN LANE DR SUITE 705
 KEY BISCAIYNE FL 33149

170 OCEAN LANE DR SUITE 705
 KEY BISCAIYNE FL 33149-1451



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
430 GRAND BAY DRIVE

3. Mailing Address
430 GRAND BAY DRIVE

Suite, Apt. #, etc.
#607

Suite, Apt. #, etc.
#607

City & State
Key Biscayne, Florida

City & State
Key Biscayne, Florida

4. FEI Number
65-0543601

Applied For
 Not Applicable

Zip
33149

Country
USA

Zip
33149

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

GOMEZ, VIOLETA
170 OCEAN LANE DR #705
KEY BISCAIYNE FL 33149

Name
 Street Address (P.O. Box Number is Not Acceptable)
430 GRAND BAY DRIVE #607
 City **Key Biscayne** FL Zip Code **33149**

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 *C. V. Pineda* VP

DATE **4.17.00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	GOMEZ, MANUEL	% 170 OCEAN LANE DR SUITE 705	KEY BISCAIYNE FL 33149	<input checked="" type="checkbox"/>
VP	GOMEZ, VIOLETA	170 OCEAN LANE DR #705	KEY BISCAIYNE FL 33149	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P.S. VP, D		430 GRAND BAY DRIVE #607	KEY BISCAIYNE, FLORIDA 33149	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *C. V. Pineda* President

DATE **4.17.00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/99)