

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

170 OCEAN LANE DR SUITE 705
KEY BISCAYNE FL 33149

Mailing Address

170 OCEAN LANE DR SUITE 705
KEY BISCAYNE 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

Zip

33149

Country

USA

Zip

33149

Country

USA

4. FEI Number

65-0543601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. P. Pineda VP

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

(NOTE: Registered Agent signature required when reinstating)

4.17.00

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

TITLE: D
NAME: GOMEZ, MANUEL
STREET ADDRESS: % 170 OCEAN LANE DR SUITE 705
CITY-ST-ZIP: KEY BISCAYNE FL 33149
☒ Delete

TITLE: VP
NAME: GOMEZ, VIOLETA
STREET ADDRESS: 170 OCEAN LANE DR #705
CITY-ST-ZIP: KEY BISCAYNE FL 33149
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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CITY-ST-ZIP:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: P.S. VP, D
NAME:
STREET ADDRESS: 430 GRAND BAY DRIVE #607
CITY-ST-ZIP: KEY BISCAYNE, FLORIDA 33149
☒ Change ☐ Addition

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

TITLE:
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☐ Change ☐ Addition

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

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

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. P. Pineda President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.17.00

Date

Daytime Phone #

CR2E034 (9/99)