

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001032

1. Entity Name  
ALBA HOLDINGS, CORP.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91100 005 \*\*\*150.00

Principal Place of Business  
430 GRAND BAY DR.  
3607  
KEY BISCAYNE FL 33149

Mailing Address  
430 GRAND BAY DR.  
3607  
KEY BISCAYNE FL 33149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
# 607  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
#607  
City & State

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 *[Signature]* DATE April 27, 2001  
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOMEZ, MANUEL		NAME		
STREET ADDRESS	% 170 OCEAN LANE DR SUITE 705		STREET ADDRESS	430 GRAND BAY DRIVE, #607	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOMEZ, VIOLETA		NAME		
STREET ADDRESS	170 OCEAN LANE DR #705		STREET ADDRESS	430 GRAND BAY DRIVE, # 607	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* DATE April 27, 2001 DAYTIME PHONE # 305 3659187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)