

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P95000001032**

1. Entity Name  
**ALBA HOLDINGS, CORP.**

Principal Place of Business <b>430 GRAND BAY DR.          3607          KEY BISCAYNE FL 33149</b>	Mailing Address <b>430 GRAND BAY DR.          3607          KEY BISCAYNE FL 33149</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b># 607</b>	3. Mailing Address Suite, Apt. #, etc. <b>#607</b>
City & State	City & State

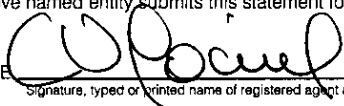


DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0543601</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GOMEZ, VIOLETA          170 OCEAN LANE DR #705          KEY BISCAYNE FL 33149</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>430 GRAND BAY DRIVE          #607</b> City <b>Key Biscayne FL</b> Zip Code <b>33149</b>
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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.

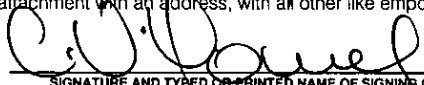
SIGNATURE:  DATE: **April 27, 2001**

Signature, typed or printed name of registered agent and title if applicable. (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	<b>GOMEZ, MANUEL</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>% 170 OCEAN LANE DR SUITE 705</b>	NAME	<b>430 GRAND BAY DRIVE, #607</b>
STREET ADDRESS	<b>KEY BISCAYNE FL 33149</b>	STREET ADDRESS	<b>KEY BISCAYNE, FLORIDA 33149</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP <input type="checkbox"/> Delete	<b>GOMEZ, VIOLETA</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>170 OCEAN LANE DR #705</b>	NAME	<b>430 GRAND BAY DRIVE, # 607</b>
STREET ADDRESS	<b>KEY BISCAYNE FL 33149</b>	STREET ADDRESS	<b>KEY BISCAYNE, FLORIDA 33149</b>
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	
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	
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:  DATE: **April 27, 2001** DAYTIME PHONE #: **305 3659187**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)