

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009246

1. Entity Name

ALBERNI GROUP, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90261 036 ***150.00

Principal Place of Business

4646 PONCE DE LEON
CORAL GABLES FL 33146
US

Mailing Address

4649 PONCE DE LEON
CORAL GABLES FL 33146
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0559819

Applied For

Not Applicable

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

ALBERNI, JOSE
801 HARBOR DRIVE
KEY BISCAYNE FL 33149

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.

SIGNATURE

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, 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	VD	<input type="checkbox"/> Delete
NAME	ALBERNI, JOSE G	
STREET ADDRESS	801 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALBERNI, WILLIAM J	
STREET ADDRESS	801 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALBERNI, JORGE G	
STREET ADDRESS	801 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALBERNI, ILEANA T	
STREET ADDRESS	801 HARBOR DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

JOSE G. ALBERNI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

Date

305-740-8284

Daytime Phone #

CR2E034 (10/00)