

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014691

1. Entity Name  
ALBATROSS INTERNATIONAL CORP.

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90199 043 \*\*\*150.00

Principal Place of Business

4042 DOUGLAS ROAD  
COCONUT GROVE FL 33133  
US

Mailing Address

4042 DOUGLAS ROAD  
COCONUT GROVE FL 33133  
US

2. Principal Place of Business

1581 BRICKELL AVE.

3. Mailing Address

1581 BRICKELL AVE.

(Suite) Apt. #, etc.

406

(Suite) Apt. #, etc.

406

City & State

MIAMI - FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0558017

Applied For

Not Applicable

Zip

33129-1234

Country

U.S.A.

Zip

33129-1234

Country

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

AROCENA, FEDERICO J  
7635 S.W. 57 AVE.  
APT. 1  
MIAMI FL 33143

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 NAME STREET ADDRESS CITY-ST-ZIP	PD AROCENA, FEDERICO A 4042 DOUGLAS ROAD COCONUT GROVE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AROCENA, FEDERICO J 4042 DOUGLAS ROAD COCONUT GROVE FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AROCENA, FEDERICO A, 1581 BRICKELL AVE, SUITE 406 MIAMI, FL 33129-1234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AROCENA, FEDERICO J. 1581 BRICKELL AVE., SUITE 406 MIAMI, FL 33129-1234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)