

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016712

1. Entity Name

ALBARAKA PARTNERS INCORPORATED

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90017 038 \*\*\*150.00

Principal Place of Business

7480 SOUTHWEST 157TH TERRACE  
MIAMI FL 33157

Mailing Address

7480 SOUTHWEST 157TH TERRACE  
MIAMI FL 33136-3035

632463



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

980 NW N. RIVER DR

3. Mailing Address

980 NW N. RIVER DR

Suite, Apt. #, etc.

APT 137

Suite, Apt. #, etc.

APT 137

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33136

Country

Zip

33136

Country

4. FEI Number

65-0732720

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

JORDAN, ERNEST

7480 SOUTHWEST 157TH TERRACE  
MIAMI FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

980 NW N. RIVER DR APT 137

City

MIAMI

FL

Zip Code

33136

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

ERNEST JORDAN

3/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete

JORDAN, ERNEST  
7480 SOUTHWEST 157TH TERRACE  
MIAMI FL 33157

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

980 NW N. RIVER DR APT 137  
MIAMI FL 33136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete

KEYSER, CHARLES H  
10500 SW 159 CT  
MIAMI FL 33196

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

2025 NW 197TH  
MIAMI, FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED  
ERNEST JORDAN VP

3/28/00 305 725 0132

CR21 014 (1/99)