

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90016 049 ***550.00

0117046 AT

DOCUMENT # P97000016712

1. Entity Name

ALBARAKA PARTNERS INCORPORATED

(Handwritten mark)

Principal Place of Business

**980 NW NORTH RIVER DRIVE
 APT. 137
 MIAMI FL 33136**

Mailing Address

**980 NW NORTH RIVER DRIVE
 APT. 137
 MIAMI FL 33136**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**13619 South Dixie Hwy
 Suite, Apt. #, etc.
 129**

3. Mailing Address

**13619 South Dixie Hwy.
 Suite, Apt. #, etc.
 129**

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0732720

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

JORDAN, ERNEST

580 NW NORTH RIVER DRIVE

APT. 137

MIAMI FL 33136

7. Name and Address of New Registered Agent

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE **D** ☐ Delete
 NAME **JORDAN, EREST**
 STREET ADDRESS **980 NW N. RIVER DRIVE APT. 137**
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE **D** ☐ Delete
 NAME **KEYSER, CHARLES H**
 STREET ADDRESS **2025 NE 197 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED: KEYSER

7/9/01

305 259 5535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)