2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # [redacted] P97000072183

Entity Name

ALBERT ENTERPRISES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90100 031 ***150.00

Principal Place of Business: 3401 NW. 47th. AVENUE # V-606, LAUDERDALE LAKES, FL 33319

Mailing Address: SAME

741094

DO NOT WRITE IN THIS SPACE

Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State | 4. FEI Number 65-0779760 | Applied For | Not Applicable

Zip | Country | Zip | Country | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DESMEULES ALBERT
3401 NW. 47th. AVENUE # V-606
LAUDERDALE LAKES, FL 33319

7. Name and Address of New Registered Agent

Name

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

City | FL | Zip Code

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

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
P DESMEULES ALBERT 3401 NW.47th.AVE. #V-606 LAUDERDALE LAKES, FL 33319 ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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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: ALBERT Desmeules 4/25/10 954-4868132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (9/99)