

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082896

1. Entity Name

ALABEL CORPORATION

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

02-26-2000 90068 040 ***150.00

Principal Place of Business

Mailing Address

1700 NW 105TH LANE
CORAL SPRINGS FL 33071

1700 NW 105TH LANE
CORAL SPRINGS FL 33071-4227

00020001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0865980

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

DUCHEMIN, ROSE
1700 NW 105TH LANE
CORAL SPRINGS FL 33071

Name

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

108 NW 80 terrace

City

Mar Gate

FL

Zip Code

33063

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-00

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	VSD	<input checked="" type="checkbox"/> Delete
NAME	DUCHEMIN, ROSE	
STREET ADDRESS	1700 NW 105TH LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	DUCHEMIN, JIM PIERRE	
STREET ADDRESS	4126 INVERRARY BLVD., APT. #2401	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JEAN, REGINALD F	
STREET ADDRESS	4126 INVERRARY BLVD., APT. #2401	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	Hedwige Bois	
STREET ADDRESS	6541 NW 21 street	
CITY-ST-ZIP	Sunrise Florida 33313	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	Ketia Noel	
STREET ADDRESS	108 NW 80 terrace	
CITY-ST-ZIP	Mar Gate Florida 33063	
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		
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		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00 954-270-0589

Date

Daytime Phone #

CR2E034 (9/99)