

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90324 004 ***163.75

DOCUMENT # P99000072002

1. Entity Name

ALBA'S COAST CORPORATION

Principal Place of Business

**901 SW 11TH STREET
 SUITE 20
 MIAMI FL 33129**

Mailing Address

**901 SW 11TH STREET
 SUITE 20
 MIAMI FL 33129**

2. Principal Place of Business

8850 FONTAINEBLEAU BLVD.

3. Mailing Address

8850 FONTAINEBLEAU BLVD.

Suite, Apt. #, etc.

SUITE 206

Suite, Apt. #, etc.

SUITE 206

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33172

Country

USA

Zip

33172

Country

USA

6. Name and Address of Current Registered Agent

**ALBA, JOSE R
 901 SW 11TH STREET
 SUITE 20
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name

JOSE ROBERTO ALBA

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

8850 FONTAINEBLEAU BLVD.

SUITE 206

City

MIAMI

FL

Zip Code

33172

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

TITLE **PD** ☐ Delete
 NAME **ALBA, JOSE R**
 STREET ADDRESS **901 SW 11TH STREET SUITE 20**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **PD** ☒ Change ☐ Addition
 NAME **ALBA, JOSE R.**
 STREET ADDRESS **8850 FONTAINEBLEAU BLVD SUITE 206**
 CITY-ST-ZIP **MIAMI FL 33172**

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

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

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE R. ALBA

02/28/01

Date

305 207 2685

Daytime Phone #

CR2E034 (10/00)