

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90190 030 ***150.00

DOCUMENT # P99000072002

1. Entity Name
ALBA'S COAST CORPORATION

Principal Place of Business
8850 FOUNTAINBLEU BLVD
STE 206
MIAMI FL 33172

Mailing Address
8850 FOUNTAINBLEU BLVD
STE 206
MIAMI FL 33172

2. Principal Place of Business
1925 SW 82 COURT

3. Mailing Address
1925 SW 82 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0940040**

☐ **Applied For**
☐ **Not Applicable**

Zip **33155** **Country** **USA**

Zip **33155** **Country** **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALBA, JOSE R
8850 FOUNTAINBLEU BLVD
STE 206
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name **ROBERTO ALBA**
Street Address (P.O. Box Number is Not Acceptable)
1925 SW 82 COURT
City **MIAMI** **FL** **Zip Code** **33155**

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 ROBERTO ALBA (PRESIDENT) 04/08/02
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBA, JOSE R 8850 FOUNTAINBLEU BLVD STE 206 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTO ALBA 1925 SW 82 COURT MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: ROBERTO ALBA 04/08/02 305 265 6651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0272337 AV

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE

Attachment # P99 0000 72002
B0068252

Department of Justice

Immigration and Naturalization Service

Petition for Name Change

United States District Court
Miami, Florida

(NAME OF COURT)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete lines 1 - 8 (Type or print clearly).

My full and correct name (current name):

1. JOSE ROBERTO ALBA
(FIRST) (MIDDLE) (LAST)

2. Address: 8850 Fontainebleau Bld # Miami, FL 33172
206
(Number/Street) (City/State) (Zip Code)

3. Country of Nationality: Cuba 4. Date of Birth: 11/14/1956
(Month) (Day) (Complete Year)

5. Alien Registration Card (Green Card) Number: A 070 573 840

6. I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:

ROBERTO ALBA
(FIRST) (MIDDLE) (LAST)

8. Date: 7/30/2001

X Jose Roberto Alba
Signature of Petitioner, (current name)

CERTIFICATION OF NAME CHANGE

I CERTIFY THAT THE ABOVE PETITION WAS GRANTED BY THE COURT ON
CLARENCE G. MADDOX, II.

NOV 16 2001
(Date)

M. Chavarria
(Clerk)

(Deputy Clerk)

IMPORTANT INFORMATION

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per Order of the Court.