

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V20815**

1. Entity Name  
**ALBERDI COMMUNICATIONS AND PROFESSIONAL SERVICES, INC.**

Principal Place of Business

**3104 CRYSTAL CAY  
BELLEAIR BEACH FL 33786**

Mailing Address

**3104 CRYSTAL CAY  
BELLEAIR BEACH FL 33786  
US**

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

**59-3114472**

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

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

Name

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

**800006972528-3**

**-08/08/02--01038--008**

City

**\*\*\*150.00 FL \*\*\*150.00**

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, 2002 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 **PST** ☐ Delete  
NAME **ALBERDI, SYLVIA**  
STREET ADDRESS **3104 CRYSTAL CAY**  
CITY-ST-ZIP **BELLEAIR FL**

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

TITLE **D** ☐ Delete  
NAME **ALBERDI, SYLVIA**  
STREET ADDRESS **3104 CRYSTAL CAY**  
CITY-ST-ZIP **BELLEAIR FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SYLVIA M. ALBERDI**

**7/28/02**

**727-595-6553**

Date Daytime Phone #

CR2E034 (9/01)

08/17/02 AI

FILED

02 AUG -5 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Attachment  
#V20815

July 28, 2002

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Due to the illness and subsequent death of my stepmother, who was more like a mother to me, I have been away from home for months.

In going through my mail, I find that I have that have not sent in the fee for the 2002 Uniform Business Report. I truly regret the delay and hope you will understand the circumstances contributing to the delay. I am enclosing herewith my check for \$150.00. I believe if you will check your records you will find that I have always sent in my check on a timely basis.

Thank you for your consideration. Please accept my apology for the delay.

Sincerely yours,



Sylvia Alberdi  
Alberdi Communications & Professional  
Services, Inc.