

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V57204

1. Entity Name

ALBART, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90080 047 \*\*\*158.75

Principal Place of Business

Mailing Address

~~5341 WEST ATLANTIC AVE.~~  
~~STE 300C~~  
~~DELRAY BEACH FL 33437~~  
~~US~~

~~5341 WEST ATLANTIC AVE.~~  
~~STE 300C~~  
~~DELRAY BEACH FL 33437 6000~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

6964 GRENELEFE RD.  
Suite, Apt. #, etc.

6964 GRENELEFE RD.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

BOYNTON BEACH, FL

BOYNTON BEACH, FL

4. FEI Number

65-0352455

Applied For

Not Applicable

Zip

Country

Zip

Country

33437 U.S.

33437 U.S.

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

EPSTEIN, ALBERT  
5341 WEST ATLANTIC AVE.  
SUITE 300C  
DELRAY BEACH FL 33437

Name ALBERT EPSTEIN

Street Address (P.O. Box Number is Not Acceptable)  
6964 GRENELEFE RD

City BOYNTON BEACH

FL Zip Code 33437

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, 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 D ☐ Delete  
NAME EPSTEIN, ALBERT  
STREET ADDRESS 534 W ATLANTIC AVE, STE 300C  
CITY-ST-ZIP DELRAY BEACH FL

TITLE DIRECTOR ☐ Change ☐ Add  
NAME ALBERT EPSTEIN  
STREET ADDRESS 6964 GRENELEFE RD  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☐ Delete  
NAME RAYMOND, ART  
STREET ADDRESS 7604A LEXINGTON BLVD.  
CITY-ST-ZIP DELRAY BEACH FL

TITLE DIRECTOR ☐ Change ☐ Add  
NAME ART RAYMOND  
STREET ADDRESS 6964 GRENELEFE RD  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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

ALBERT EPSTEIN

Date

Daytime Phone #

1/6/2000 561-737-565