

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000511

1. Entity Name

ALBAN USA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY - 5 PM 4:06

Principal Place of Business

Mailing Address

~~5121 CASTELLO DR.
STE. 2
NAPLES FL 34103
US~~

~~5121 CASTELLO DR
STE. 2
NAPLES FL 34103-1902
US~~

2. Principal Place of Business

5150 Tamiami Tr N

3. Mailing Address

5150 Tamiami Tr. N



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Ste 501

Suite, Apt. #, etc.

501

City & State

Naples FL

City & State

Naples, Florida

4. FEI Number

65-0457958

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN
5121 CASTELLO DR.
SUITE 2
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: David E. Leigh
Street Address (P.O. Box Number is Not Applicable): 5150 Tamiami Trail N.
Suite 500
City: Naples FL 34103

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

David E Leigh

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	WHITE, JOHN P	5121 CASTELLO DR, STE. #2	NAPLES FL	<input checked="" type="checkbox"/>
D/P	MURAOUR, ALAIN	37 RUE DES NOIRETTES CAROUGE	1227 GENEVA, SWITZERLAND	<input type="checkbox"/>
VP	David E Leigh	5150 Tamiami Tr N, Ste 501	Naples FL 34103	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		100003263321-5	-05/23/00--01054--001		
		****509.50	****150.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowers.

SIGNATURE:

David E Leigh
DAVID E LEIGH VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

Daytime Phone #

CR 21 (01/04) (10/00)