

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 501

501

City & State

Naples FL

City & State

Naples, Florida

Zip

34103

Country

USA

Zip

34103

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0457958

Applied For

Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

David E Leigh

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E LEIGH

Date

Daytime Phone #

4-28-00

AD

CR 21014-010001