

From: Joslin and Hershkowitz, P.A. To: Dr Alex Castiello

Date: 4/28/2003 Time

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-01-2003 90394 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000018096																																																																															
1. Entity Name ALBEN REALTY, INC.																																																																															
Principal Place of Business 3013 WILDERNESS BOULEVARD WEST PARRISH, FL 34219		Mailing Address 3013 WILDERNESS BOULEVARD WEST PARRISH, FL 34219																																																																													
2. Principal Place of Business S. 6310 5TH AVE EAST PALMETTO, FL 34221	3. Mailing Address 6310 5TH AVE EAST PALMETTO, FL 34221	55045799 04-3608588  ☒ CHECK HERE IF MAKING CHANGES																																																																													
4. FEI Number																																																																															
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable																																																																													
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent																																																																													
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. I am familiar with, and accept the obligations of registered agent.																																																																															
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Please print full name of registered agent when submitting.)		DATE																																																																													
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																															
10. OFFICERS AND DIRECTORS																																																																															
10A. <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>☐ Delete</th></tr></thead><tbody><tr><td>PD</td><td>CASTIELLO, ALEXANDER</td><td>3013 WILDERNESS BOULEVARD WEST</td><td>PARRISH, FL 34219</td><td></td></tr><tr><td>STD</td><td>CASTIELLO, RUTH I</td><td>3013 WILDERNESS BOULEVARD WEST</td><td>PARRISH, FL 34219</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	PD	CASTIELLO, ALEXANDER	3013 WILDERNESS BOULEVARD WEST	PARRISH, FL 34219		STD	CASTIELLO, RUTH I	3013 WILDERNESS BOULEVARD WEST	PARRISH, FL 34219																						10B. <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>☐ Change</th><th>☐ Addition</th></tr></thead><tbody><tr><td></td><td>ALEX AND RUTH CASTIELLO</td><td>6310 5TH AVE EAST</td><td>PALMETTO, FL 34221</td><td></td><td></td></tr><tr><td></td><td>ALEX AND RUTH CASTIELLO</td><td>6310 5TH AVE EAST</td><td>PALMETTO, FL 34221</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition		ALEX AND RUTH CASTIELLO	6310 5TH AVE EAST	PALMETTO, FL 34221				ALEX AND RUTH CASTIELLO	6310 5TH AVE EAST	PALMETTO, FL 34221																										
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11. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with my title and empowered.																																																																															
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/28/3 Expires Please																																																																													

ALEXANDER CASTIELLO