

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 267555

1. Entity Name

ALBENI CORPORATION

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90135 003 ***150.00

Principal Place of Business

U.S. HIGHWAY 19 N.
P.O. BOX 606
TARPON SPRINGS FL 34688-0606

Mailing Address

U.S. HIGHWAY 19 N.
P.O. BOX 606
TARPON SPRINGS FLA 34689-9300

2. Principal Place of Business

900 BACKWATER DR.

3. Mailing Address

900 BACKWATER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL.

City & State

TARPON SPRINGS, FL.

Zip

34689

Country

USA

Zip

34689

Country

USA

4. FEI Number

59-1025772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75-Additional
Fee Required

6. Name and Address of Current Registered Agent

ALISSANDRATOS, BERNICE
U.S. HIGHWAY 19 N.
TARPON SPRINGS FL 33589

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE STD
NAME ALISSANDRATOS, ALEXANDER
STREET ADDRESS INNESS PARK
CITY-ST-ZIP TARPON SPRINGS FL

☐ Delete

TITLE PVST
NAME ALISSANDRATOS, BERNICE
STREET ADDRESS US HWY 19 N
CITY-ST-ZIP TARPON SPRINGS FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD
NAME ALISSANDRATOS, ALEXANDER
STREET ADDRESS 782 CHESAPEAKE DR.
CITY-ST-ZIP TARPON SPRINGS, FL. 34689

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

ALEXANDER ALISSANDRATOS

Date

Daytime Phone #

3/13/00 127-937-4171

CR2E034 (9/99)