

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91181 023 \*\*\*150.00

05/15/03 AT

**DOCUMENT # F01000004614**

1. Entity Name

ALBION MANAGEMENT RESOURCES, INC.



Principal Place of Business

9420 WEST FOSTER AVENUE, SUITE 213  
CHICAGO IL 33172

Mailing Address

9420 WEST FOSTER AVENUE, SUITE 213  
CHICAGO IL 33172

2. Principal Place of Business

3. Mailing Address

2520 NW 97 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 110

City & State

City & State

MIAMI FL

Zip

Country

Zip

33172

Country

4. FEI Number

11-3337566

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANGELO, PETER

2520 NW 97 AVE SUITE 110

MIAMI FL 33172

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. 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: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SANTANGELO, PETER  
STREET ADDRESS 2520 NW 97 AVE SUITE 110  
CITY-ST-ZIP MIAMI FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPST  
NAME TTITLEY, ANDREW  
STREET ADDRESS 265 E. MERRICK ROAD SUITE 209  
CITY-ST-ZIP VALLEY STREAM NY 11580

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Peter Santangelo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

205-406-1000

CR2E034 (10/02)