

2001 UNIFORM BUSINESS REPORT (UBR)

0014570 AF

DOCUMENT.# L00000013288

1. Entity Name
ALEPOU, L.L.C.

Principal Place of Business
4305 N.W. 24TH WAY
BOCA RATON FL 33431

Mailing Address
4305 N.W. 24TH WAY
BOCA RATON FL 33431

FILED

01 MAR 26 AM 2:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. % Atlantia Holdings
910 S.E. 17th St., Suite 300
Ft. Lauderdale, FL 33316

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910 S.E. 17th St., Suite 300
Ft. Lauderdale, FL 33316

4. FEI Number
65-1064473
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACLAREN, LINDA O
798 SOUTH FEDERAL HIGHWAY, SUITE 100
BOCA RATON FL 33432

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM ECONOMOS, NICHOLAS
4305 N.W. 24TH WAY
BOCA RATON FL 33431 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Managing Member
Estate of Konstantinos Boulis
910 SE 17th St., Ft. Lauderdale, FL 33316 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
300003959479--2
-04/04/01--01091--006
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *By: [Signature]* 10-urator 3-20-01 (954) 522-6663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)