2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am **Secretary of State** DOCUMENT # L0000013288 1. Entity Name 03-25-2002 90019 005 ****50.00 ALEPOU, L.L.C. Principal Place of Business Mailing Address 00048146 % ATLANTA HOLDINGS % ATLANTA HOLDINGS 910 SE 17TH ST., STE 300 910 SE 17TH ST., STE 300 FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE C/o Atlantia Holdings C/o Atlantia Holdings 645 E. Dania Beach Blvd. 645 E. Dania Beach Blvd. 4. FEI Number Applied For 65-1064473 Dania Beach, FL 33004 Dania Beach, FL 33004 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLACKBURN, ACE J JR. John Watson, Esq. Street Address (Cooney Mattson et al COONEY, MATTSON, LANCE, BLACKBURN ET AL. 2312 Wilton Drive 2312 WILTON DRIVE Fort Lauderdale, FL 33305 FORT LAUDERDALE FL 33305 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. REE 3. BLACKBURN, JR. SIGNATURE Signature, typed or pripade name of registered agent and title if applicable. FILE NOWILL FEE(IS \$50,00); Make Check/Payable to Department of State Due By May (1, 2002) MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Channe ☐ Addition **ESTATE OF KONSTANTINOS BOULIS** NAME NAME STREET ADDRESS 645 E. Dania Beach Blvd. STREET ADDRESS CITY-ST-ZIP Dania Beach, FL 33004 CITY-ST-ZIP TITI F ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 prustee) empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #