

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90454 021 ****50.00

DOCUMENT # L01000003302

1. Entity Name

ALBANESE-POPKIN DEVELOPMENT GROUP, LLC

Principal Place of Business

551 NORTHWEST 77TH STREET, SUITE 108
 BOCA RATON FL 33487

Mailing Address

551 NORTHWEST 77TH STREET, SUITE 108
 BOCA RATON FL 33487

2. Principal Place of Business

1200 S. ROGERS CIRCLE

3. Mailing Address

1200 S. ROGERS CIRCLE

Suite, Apt. #, etc.

SUITE #11

Suite, Apt. #, etc.

SUITE #11

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

65-1098940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
 103 NORTH MERIDIAN STREET, LOWER LEVEL
 TALLAHASSEE FL 32301**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete
 NAME **LEONARD ALBANESE**
 STREET ADDRESS **1200 S. ROGERS CIRCLE, #11**
 CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **MANAGING MEMBER** ☐ Delete
 NAME **EDWARD POPKIN**
 STREET ADDRESS **1200 S. ROGERS CIRCLE, #11**
 CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

6/13/02

561-994-1375

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

Date

Daytime Phone #

CR2E083 (9/01)