

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0029523

DOCUMENT # L02000024335

1. Entity Name  
**ALBUPRO L.L.C.**



**FILED**

03 FEB -4 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**315 S.E. MIZNER BLVD., SUITE 209  
BOCA RATON FL 33432**

Mailing Address  
**315 S.E. MIZNER BLVD., SUITE 209  
BOCA RATON FL 33432**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☒ Applied For ☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**ANGERT, MARK  
2701 W. OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33311**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>President</b>	<b>EDMOND S NORKUS</b>	<b>315 S.E. MIZNER BLVD suite 209</b>
		<b>Boca Raton FL 33432</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>Executive Vice President</b>	<b>Rick Rossetti</b>	<b>315 S.E. MIZNER BLVD suite 209</b>
		<b>Boca Raton, FL 33432</b>	
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

10. ADDITIONS/CHANGES	
TITLE	NAME
	<b>600010152866</b>
	<b>01/16/03--01030--013 **\$50.00</b>
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME

**M THOMAS**

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** 1/13/03

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

Daytime Phone # \_\_\_\_\_

CR2E083 (10/02)