

2001 UNIFORM BUSINESS REPORT (UBR)

0005941 AF

DOCUMENT # L99000005878

1. Entity Name
ALBORS PUBLICATIONS, L.L.C.

FILED

01 FEB -5 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4744 HALL ROAD
ORLANDO FL 32817

Mailing Address
4744 HALL ROAD
ORLANDO FL 32817

2. Principal Place of Business
5971 BRICK CT.
Suite, Apt. #, etc. #200
City & State WINTER PARK FL
Zip 32792 Country SEMINOLE

3. Mailing Address
5971 BRICK CT.
Suite, Apt. #, etc. #200
City & State WINTER PARK FL
Zip 32792 Country SEMINOLE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3599212

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M ESQ.
430 NORTH MILLS AVENUE
ORLANDO FL 32803

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 MGR
NAME ALBORS, RENE A
STREET ADDRESS 4744 HALL ROAD
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900003677609--5
-02/13/01--01045--008
*****50.00 *****50.00

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

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

01-31-01 407-678-2634

CR2E083 (11/00)