

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020215

1. Entity Name

M.L.E. DEVELOPMENT, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90031 035 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O L. ALBANESE & SONS  
120 WEST GLADES ROAD  
BOCA RATON FL 33432  
US

551 NW 77ST  
STE 101  
BOCA RATON FL 33487-1330  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

551 N.W. 77th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 108

Ste. 108

City & State

City & State

Boca Raton, FL

4. FEI Number

65-0409563

Applied For

Not Applicable

Zip

Country

Zip

Country

33487

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPKIN & SHURPIN, P.A.  
2499 GLADES ROAD  
SUITE 114  
BOCA RATON FL 33431

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D ALBANESE, LEONARD A**  
STREET ADDRESS **551 NW 77TH ST**  
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Leonard A. Albanese* 1/26/00 (301) 994-1375  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)