

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000040236

1. Entity Name

LEONARD ALBANESE LUXURY HOMES, INC.

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

03-01-2000 90031 023 ***150.00

Principal Place of Business

Mailing Address

551 NW 77 ST
 BOCA RATON FL 33487

551 NW 77 ST
 BOCA RATON FL 33487-1331

2. Principal Place of Business

3. Mailing Address

551 N.W. 77th Street
 Suite, Apt. #, etc.
 Suite 108

551 N.W. 77th Street
 Suite, Apt. #, etc.
 Suite 108

City & State
 Boca Raton, FL

City & State
 Boca Raton, FL

Zip
 33487 Country
 USA

Zip
 33487 Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0417364

Applied For
 Not Applicable

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 RD
 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 D
 NAME ALBANESE, LEONARD A
 STREET ADDRESS 551 NW 77TH ST
 CITY-ST-ZIP BOCA RATON FL

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

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 (301)994-1375

CR2E034 (9/99)