

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000010984

1. Entity Name

LEONARD ALBANESE & SONS CUSTOM HOMES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90250 045 ***150.00

Principal Place of Business

Mailing Address

551 N.W. 77 ST.
 BOCA RATON FL 33487

551 N.W. 77 ST.
 BOCA RATON FL 33487-1331

817306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

551 N.W. 77 Street

551 N.W. 77 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 108

Suite 108

City & State

City & State

BOCA RATON FL

BOCA RATON FL

4. FEI Number

65-0475034

Applied For

Not Applicable

Zip

Country

33487

USA

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, STE. 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** ☐ Delete
 NAME **ALBANESE, LEONARD A**
 STREET ADDRESS **551 N.W. 77 ST.**
 CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 **Leonard A. Albanese** 2/24/00 (561) 954-1375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)