2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

% POPKIN, SHURPIN & MACCARI, P.A.

2499 GLADES RD., STE, 114

BOCA RATON FL 33431-7201

51 N.W.

DOCUMENT # **P94000077550**

120 W. GLADES RD.

BOCA RATON FL 33432

Principal Place of Business

2. Principal Place of Business

M.L.E. DEVELOPMENT, INC. II

51 N.W. 77th Street

Suite, Apt. #, etc. ite, Apt. #, etc. <u>te</u>. 108 6. 108 Applied For 4. FEI Number SCA RATON, FC XA RATON, EL 65-0529513 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POPKIN & SHURPIN P.A. Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES RD., SUITE 114 **BOCA RATON FL 33431** 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition DVP TITLE ☐ Delete TITLE POPKIN, EDWARD D ESQ NAME NAME STREET ADDRESS 2499 GLADES RD., SUITE 114 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition TITLE Change Delete TITLE NAME HOWELL, MICHAEL J NAME STREET ADDRESS STREET ADDRESS 120 W GLADES RD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition TITLE Delete TITLÉ ALBANESE, LEONARD A NAME NAME SSINW 77th Street, Ste. 108 STREET ADDRESS STREET ADDRESS 551 NW 77TH ST STE 101 BOCARATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Secretary of State

03-01-2000 90031 024 ***150.00

DO NOT WRITE IN THIS SPACE

Mar 01, 2000 8:00 am