

2000 UNIFORM BUSINESS REPORT (UBR)

3/6

FILED
May 17, 2000 8:00 am
Secretary of State

03-06-2000 90056 031 ***150.00

DOCUMENT # P99000072817

1. Entity Name

ALBANESE-POPKIN REALTY, INC.

Principal Place of Business

2499 GLADES RD.,STE.114
BOCA RATON FL 33431

Mailing Address

2499 GLADES RD.,STE.114
BOCA RATON FL 33431-7201

2. Principal Place of Business

551 N.W. 77th Street

Suite, Apt. #, etc.

Suite 108

City & State

BOCA RATON, FL

Zip

33487

Country

USA

3. Mailing Address

551 N.W. 77th Street

Suite, Apt. #, etc.

Suite 108

City & State

BOCA RATON, FL

Zip

33487

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0944580

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POPKIN & SHURPIN, P.A.
2499 GLADES RD.,STE.114
BOCA RATON FL 33431

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

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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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 #

CR2E034 (9/99)