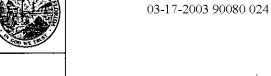
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P99000072817 DOCUMENT #

1. Entity Name



## **FILED**



ALBANESE-POPKIN REALTY, INC.												
•	e of Business ERS CIR 11 I FL 33487	Mailing Address 1200 S. ROGERS CIR., 11 STE 108 BOCA RATON FL 33487  3. Mailing Address										
2. Principal P	lace of Business											
Suite, Apt. #, etc.		Suite, Apt. #, etc.					CHECK HERE	E IF MAKII	NG CH	ANGES		
City & State		City & State			4	4. FEI Number 65-0944580			Applied For Not Applicable		7	
Zip	Country	Zip		Country	5	. Certificate of	Status Desired			75 Add	ditional	
	6. Name and Address of Current				7.		ddress of New	Registere	d Agen	t	<del> </del>	1
				Name								
	SHURPIN, P.A.			Street Ad	ddress (P.O.	. Box Number i	s Not Acceptab	le)				1
	DES RD.,STE.114											1
BUUA KA	TON FL 33431											1
				City		•		F		Zip Cod	е	
	named entity submits this statement folions of registered agent.  Signature, typed or printed name of registered agent			gistered office or			in the State of F	lorida. I a		ar with,	and accept	
	Signature, typed or printed traffic or registered agent	and the ir applic	James (1901E, 11	· ·	- Independent Artic	7						-
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State					ion Campaign F Fund Contributi			\$5.0 Added	0 May Be d to Fees	
10.	OFFICERS AND	DIRECTOR	S	11.	,	ADDITIONS/CI	HANGES TO OF	FICERS A	ND DIR	ECTOR	S IN 11	]_
TITLE NAME SCREET ADDRESS CITY-ST-ZIP	D POPKIN, EDWARD D 2499 GLADES RD.,STE.114 BOCA RATON FL 33431		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBANESE, LEONARD 1200 S. ROGERS CIR., 11 BOCA RATON FL 33487		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		,			Change	Addition	]*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**