

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003907 AF

**DOCUMENT # A99000000892**

1. Entity Name

**ALLISON HOLDINGS, LTD.**

**FILED**

01 JAN 25 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1 SOUTHEAST 3RD AVENUE, SUITE 2950  
MIAMI FL 33131

Mailing Address  
1 SOUTHEAST 3RD AVENUE, SUITE 2950  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0923516 APPLIED FOR**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**BERMONT, PETER L**  
1 SOUTHEAST 3RD AVENUE, SUITE 2950  
MIAMI FL 33131

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. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000049232**  
NAME **ALLISON HOLDINGS, INC.**  
STREET ADDRESS **1 SOUTHEAST 3RD AVENUE, SUITE 2950**  
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS  
CITY-ST-ZIP **000003602720--9**  
**-01/30/01--01124--018**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

THIS INSTRUMENT PREPARED BY:  
Gerald J. Biondo, Esq.  
Murai, Wald, Biondo & Moreno, P.A.  
25 S.E. 2nd Ave., Suite 900  
Miami, FL 33131

**AFFIDAVIT**

STATE OF FLORIDA )  
 ) : ss.  
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, personally appeared PETER L. BERMONT, who, after being by me first duly sworn, deposes and states as follows:

1. That he is the President of ALLISON HOLDINGS, INC., a Florida corporation, which entity is the sole general partner of ALLISON HOLDINGS, LTD., a Florida limited partnership, and gives this Affidavit upon personal knowledge.

2. That ALLISON HOLDINGS, LTD. is a duly established and validly existing limited partnership under the laws of the State of Florida.

3. That the current capital contributions of ALLISON HOLDINGS, LTD. as of the date hereof and as of January 1<sup>st</sup>, 2001 were in the amount of \$100.00. ALLISON HOLDINGS, LTD. was initially capitalized with \$2,000,000 but since that time has sold its assets and distributed proceeds to its partners.

FURTHER AFFIANT SAYETH NAUGHT

*[Handwritten Signature]*  
PETER L. BERMONT

STATE OF FLORIDA )  
 ) : ss.  
COUNTY OF MIAMI-DADE)

Sworn and subscribed before me this 19<sup>th</sup> day of January, 2001, by PETER L. BERMONT, who is personally known to me or who has produced \_\_\_\_\_ as identification.

*[Handwritten Signature]*  
NOTARY PUBLIC, STATE OF FLORIDA  
Print name: \_\_\_\_\_  
Commission No.: \_\_\_\_\_



Minna Lea Forer  
MY COMMISSION # CC902012 EXPIRES  
January 18, 2004  
BONDED THROUGH TROY FAIN INSURANCE, INC.  
My Commission expires: