

2000 +

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **H08694**

1. Entity Name

ALLEGRO HOUSING CORP.APPROVED
AND
FILED

01 FEB 26 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1919 E. IDLEWILD AVE

Mailing Address

1919 E. IDLEWILD AVE.

2. Principal Place of Business

1919 E. IDLEWILD AVE.

3. Mailing Address

1919 E. IDLEWILD AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL. 33610

City & State

TAMPA, FL 33610

4. FEI Number

59-2447398

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

**GILLON, JOE
1919 E. IDLEWILD AVE.
TAMPA, FL. 33610**

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

02/26/20019. 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, 2001 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 **PD** ☐ Delete
NAME **GILLON JOE**
STREET ADDRESS **1919 E IDLEWILD AVE.**
CITY-ST-ZIP **TAMPA-FL. 33610**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/2001

CR2E034 (11/00)

Allegro Housing Corp.
1919E. Idlewild Ave
Tampa, Fl. 33610
Phone (813) 238-0505
Fax (813) 238-9168
Document # H08694

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re; Reinstatement of Corporation

To whom it may concern

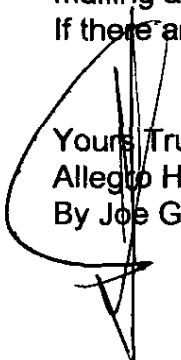
Please take notice that the filing of the 2000 Annual report of the above corporation has not taken place.

This is probably due to a change in mailing address and change of address notice that must not have been received or was unnoticed. Obviously this has been an error, which was not intended to be this way and resulted in the corporation being dissolved.

With this writing this is then a request for a re-instatement of said corporation for the year 2000 and 2001.

To prevent any future mismailings, I will designate the physical address as mailing address.

If there are any questions please feel free to contact me.



Yours Truly
Allegro Housing Corp.
By Joe Gillon, Pres.