

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90193 050 ***150.00

DOCUMENT # P 010000 87921

1. Entity Name
1355 ALTON ROAD ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1355 ALTON RD
Suite, Apt. #, etc.

3. Mailing Address
1355 ALTON RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

4. FEI Number
65-1140827

Applied For
☐ Not Applicable

Zip 33139 **Country**

Zip 33139 **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

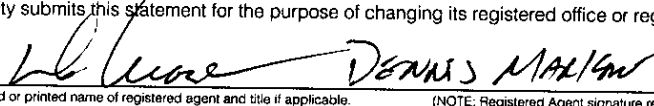
7. Name and Address of Current Registered Agent

Name
DENNIS MARKOW

Street Address (P.O. Box Number is Not Acceptable)
2044 NE 30TH AV #108

City Aventura **FL** **Zip Code** 33180

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  DENNIS MARKOW

DATE
4/10/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P, D
NAME DENNIS MARKOW
STREET ADDRESS 2044 NE 30TH AV #108
CITY-ST-ZIP AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SAMIR DICHY
STREET ADDRESS 3500 ISLAND BLVD #108
CITY-ST-ZIP AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DAVID COOPER
STREET ADDRESS 719 HIGHLAND DRIVE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ROMAN PAULIK
STREET ADDRESS 2010 TAYLOR ST. 5B
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-10-02 **DAYTIME PHONE #** 305-695-1515