

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90024 015 ***150.00

DOCUMENT # P94000060914

1. Entity Name
ALLISON APARTMENTS - 4300, INC.

Principal Place of Business 9350 S. DIXIE HWY. SUITE 900 MIAMI FL 33156	Mailing Address 9350 S. DIXIE HWY. SUITE 900 MIAMI FL 33156-2945
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7520 Red Rd Suite, Apt. #, etc. Suite G1 City & State Miami, FL Zip 33143 Country USA	3. Mailing Address 7520 Red Rd Suite, Apt. #, etc. Suite G1 City & State Miami, FL Zip 33143 Country USA
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4. FEI Number **65-0517375** Applied For Not Applied
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PUCK, ROBERT J
9350 S. DIXIE HWY.
SUITE 900
MIAMI FL 33156

7. Name and Address of New Registered Agent
 Name **Clara Valencia**
 Street Address (P.O. Box Number is Not Acceptable)
7520 Red Rd Suite G1
 City **Miami** FL Zip Code **33143**

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: **Clara Valencia** (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating.)
 DATE: **1-24-2000**

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	D <input type="checkbox"/> Delete BLANK, CATHY 9350 S. DIXIE HWY., SUITE 900 MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blank, Cathy 9520 Red Rd Suite G1 Miami, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Cathy Blank** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 DATE: **1-24-2000** DAYTIME PHONE #: **3056639908**