

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90270 032 ***150.00

DOCUMENT # P97000053650

1. Entity Name
ALLSTAIRS, INC.

Principal Place of Business	Mailing Address
1330 W. INDUSTRIAL AVE BLDG. 109 BOYNTON BEACH FL 33426	1330 W. INDUSTRIAL AVE BLDG. 109 BOYNTON BEACH FL 33426

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0760823**

Applied For
Not Applicable

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

DUBROW, B. ALAN
2832 UNIVERSITY DRIVE
CORAL GABLES FL 33065

Name
Jimmy B. Fritz
Street Address (P.O. Box Number is Not Acceptable)
953 Brookdale Drive
Boynton Bch Fl.
City FL Zip Code
33435

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  DATE **1/23/01**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
PTD FRITZ, JIMMY B 1330 W. IND. AVE, B-109 BOYNTON BEACH FL 35426	<input type="checkbox"/>		
V FRITZ, MARSHA L 1330 W IND. AVE B-109 BOYNTON BEACH FL 33426	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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  DATE **1/23/01** 5617312947 Daytime Phone #

CR2E034 (10/00)