

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J57855

1. Entity Name

ALLIED BELLEAIR, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90003 026 ***150.00

Principal Place of Business

492 HARBOR DR N
INDIAN ROCKS BCH FL 33785
US

Mailing Address

492 HARBOR DR N
C/O MIKE SABET
INDIAN ROCKS BCH FL 33759-2129
US

2. Principal Place of Business

2907 S.R. 590 Suite 9

Suite, Apt. #, etc.

Suite 9

3. Mailing Address

2907 S.R. 590

Suite, Apt. #, etc.

Suite 9

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33759

Country

Zip

33759

Country

4. FEI Number

59-2891016

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

SABET, MIKE
492 HARBOR DR N
INDIAN ROCKS BCH FL 33785

Name

Mike Sabet

Street Address (P.O. Box Number is Not Acceptable)

2907 S.R. 590 Suite 9

City

Clearwater

FL

Zip Code

33759

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. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SABET, MIKE 492 HARBOR DR N INDIAN ROCKS BCH FL 33785	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Mike Sabet 2907 S.R. 590 Suite 9 Clearwater FL 33759	<input checked="" 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/3/00 (727) 791-3500

CR2E034 (9/99)