

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90272 033 ***150.00

DOCUMENT # 202026

1. Entity Name

THE ALLEN MORRIS COMMERCIAL REAL ESTATE SERVICES

Principal Place of Business

Mailing Address

1000 BRICKELL AVE
 12TH FLOOR
 MIAMI FL 33131

1000 BRICKELL AVE
 12TH FLOOR
 MIAMI FLA 33131-3013

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

59-6078963

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, BILL G
1000 BRICKELL AVE 1200
STE 300
MIAMI FL 33131

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

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	CD	<input type="checkbox"/> Delete
NAME	MORRIS, W ALLEN	
STREET ADDRESS	1000 BRICKELL AVE #1200	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, PAUL	
STREET ADDRESS	1000 BRICKELL AVE #1200	
CITY-ST-ZIP	MIAMI; FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAHAM, DALE I.	
STREET ADDRESS	1000 BRICKELL AVE #1200	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DAVIS, BILL G	
STREET ADDRESS	1000 BRICKELL AVE #300	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor, H. Leland	
STREET ADDRESS	1000 Brickell Ave., #1200	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mongeon, Lorraine H.	
STREET ADDRESS	1000 Brickell Ave., #1200	
CITY-ST-ZIP	Miami, Florida 33131	

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:

Bill G. Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 2000

Date

(305) 358-1000

Daytime Phone #