

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0149587

DOCUMENT # 202026

1. Entity Name

THE ALLEN MORRIS COMMERCIAL REAL ESTATE SERVICES

04-04-2001 90107 027 ***150.00

Principal Place of Business

Mailing Address

**1000 BRICKELL AVE
 12TH FLOOR
 MIAMI FL 33131**

**1000 BRICKELL AVE
 12TH FLOOR
 MIAMI FL 33131**

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, 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 Delete
 NAME **CD MORRIS, W ALLEN**
 STREET ADDRESS **1000 BRICKELL AVE #1200**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P WHITE, PAUL**
 STREET ADDRESS **1000 BRICKELL AVE #1200**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V GRAHAM, DALE I.**
 STREET ADDRESS **1000 BRICKELL AVE #1200**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VSD DAVIS, BILL G**
 STREET ADDRESS **1000 BRICKELL AVE #300**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V TAYLOR, H. LELAND**
 STREET ADDRESS **1000 BRICKELL AVE #1200**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **AS MONGEON, LORRAINE H**
 STREET ADDRESS **1000 BRICKELL AVE. #1200**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

BILL G DAVIS

Date

3/30/2001

Daytime Phone #

305-358-1000

CR2E034 (10/00)