

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 318673

1. Entity Name

THE ALISON MANUFACTURING COMPANY, INC.

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90003 034 ***150.00

Principal Place of Business

640 N. E. 124 ST.
NO MIAMI FL 33161
US

Mailing Address

640 NE 124 ST
NO MIAMI FL 33161-5523
US

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 59-1171609

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

SCHWEIGER, J LARRY
640 N.E. 124TH ST.
N. MIAMI FL 33161

Name

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

7920 BISCAYNE POINT CIR

MIAMI

City

MIAMI

FL

Zip Code

33141

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 DP
NAME SCHWEIGER, J. LARRY
STREET ADDRESS 640 NE 124 ST
CITY-ST-ZIP NO MIAMI, FL 00000 ☐ Delete

TITLE DVST
NAME SCHWEIGER, JEFF
STREET ADDRESS 12915 IXORA RD
CITY-ST-ZIP N. MIAMI FL ☐ Delete

TITLE ST
NAME SCHWEIGER, JEFFREY
STREET ADDRESS 12915 IXORA RD
CITY-ST-ZIP N MIAMI FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7920 BISCAYNE POINT CIR.
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7937 WEST DR
CITY-ST-ZIP N. BAY VILLAGE FL 33141

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7937 WEST DR
CITY-ST-ZIP N. BAY VILLAGE FL 33141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)