

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 422091

1. Entity Name

ALAN-TRACY, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90066 038 \*\*\*150.00

Principal Place of Business

2051 N.E. 160TH ST.  
NORTH MIAMI BEACH FL 33162

Mailing Address

2051 N.E. 160TH ST.  
NORTH MIAMI BEACH FL 33162-4913

2. Principal Place of Business

1190 NW 159TH Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

City & State

4. FEI Number

59-1465482

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROGOVER, BERNARD

2061 N E 160 ST

N MIAMI BEACH FL 33162

Name

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

1190 NW 159TH Drive

North Miami Beach

FL

Zip 33162

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 ☐ Delete

NAME ROGOVER, BERNARD

STREET ADDRESS 7216 NW 48TH CT

CITY-ST-ZIP LAUDERHILL FL

TITLE ☐ Delete

NAME ROGOVER, HOWARD

STREET ADDRESS 4811 SARAZEN DR.

CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Delete

NAME ROGOVER, ELAINE

STREET ADDRESS 7216 NW 48TH CT

CITY-ST-ZIP LAUDERHILL FL

TITLE ☐ Delete

NAME EVP LABELL, DAVID

STREET ADDRESS 13453 S. W. 42ND ST.

CITY-ST-ZIP DAVIE FL 33330

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 1190 NW 159TH Drive

CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☒ Change ☐ Addition

NAME

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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:

*Bernard Rogover*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-00

CR2EN34 (9/99)