2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to particularly changed, or on an attachment with an address, with all other

SIGNATURE:

ke empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # 658744** 1. Entity Name ALLEN AND ASSOCIATES, P.A. 01-30-2001 90002 032 ***158.75 Principal Place of Business Mailing Address 5940 SW 73RD ST. 5940 SW 73RD ST. S. MIAM! FL 33143 S. MIAMI FL 33143 907619 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2027084 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEW ADDRESS. Name ALLEN, JIMMIE Street Address (P.O. Box Number is Not Acceptable) 9970 SW 164th Ter 7505 SW 82ND STREET MAM, FLOVIDA 33157 317 Zip Code City statement the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity submits this IMMIE SIGNATURE required when reinstating) Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTS ☐ Addition PTS TITLE Delete TITLE JIMMIE ALLEN TEVY ALLEN, JIMMIE NAME NAME STREET ADDRESS 7505 SW 82ND STREET STREET ADDRESS MAM , FLA 33157 CITY-ST-ZIP CITY-ST-ZIP SOUTH MIAM! FL Change ☐ Addition Delete TITLE TITLE JIMMIE ALLEY NAME ALLEN, JIMMIE NAME 9970 SW 164th Tevr STREET ADDRESS STREET ADDRESS 7505 SW 82ND STREET MIAMI, FLA 33157 CITY-ST-ZIP CITY-ST-ZIP SO. MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director

accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director publicute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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