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| 2002 | DIMIFORM | BUSINESS | REPORT | (MRR |
|------|----------|-----------------|--------|------|
| EVVE | | BASHIIF 33 | | |

| DOCUMENT # 679011 1. Entity Name ALLOR, INC. | | | | | | Apr 17, 2002 8:00 am Secretary of State 04-17-2002 90111 018 ***150.00 | | | | | |
|--|--------------------|--|---|---------------------|---|--|---|---|----------|------------|--|
| Principal Place of Business 4953 N UNIV DR #14B LAUDERHILL FL 33351 US | | | Mailing Address 621 N.W. 76TH TERRACE PLANTATION FL 33324 US | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | City & State | | 4. F | El Number 59-2020771 | | _ | plied For | | | |
| Zip | C Nome | 1 | | Cour | ntry | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent LEDERER, STEVEN J.L. 2450 N.E. MIAMI GARDENS DR., STE 100 N MIAMI BEACH FL 33180 | | | | - | Name Street Ad | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 9. This corporate filling in (See criter | Signature, typed o | or printed name of registered agent and ple to satisfy its Intangible and elects to do so. | FILE NOW! After May 1, 200 Make Check Payab | E: Registere | id Agent signatur IS \$150.0 WIII be \$55 | e required when rei 0 50.00 of State | nstating) 10. Election Campaign Finar Trust Fund Contribution. DITIONS/CHANGES TO OFFIC | DATE | Added | O May Be | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | G, ALLAN D. 76TH TERR | ☐ Delete | TITL NAM STRE | | AUL | THORSE TO GENE | | Change | Addition | |
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| NAME STREET ADDRESS CITY-ST-ZIP | - 보고 | | To Pelete To Pelete To The Pe | III. | | سرمضین چی | | · • • • • • • • • • • • • • • • • • • • | Change | ☐ Addition | |
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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: Will

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR