

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90289 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000006452					
1. Entity Name ALLOGIS CORPORATION					
Principal Place of Business 1850 ELLER DRIVE, SUITE 300 PORT EVERGLADES, FL 33316			Mailing Address 1850 ELLER DRIVE, SUITE 300 PORT EVERGLADES, FL 33316		
2. Principal Place of Business		3. Mailing Address 1200 S. PINE ISLAND ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PLANTATION FL		4. FEI Number 65-1053682	
Zip		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when registering)					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: VON OLIN SECRETARY					
29 APR 2003 9546264296					

90125881



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)