2000	UNIFURM BUSI	NESS NEPU	<u> </u>	(ODI	<u>"</u>					
	MENT # F980000	06799		· ,						
1. Entity Name ALLEGRO EXECUTIVE SERVICES CORPORATION				V		FILED				
				.:			00	NOV 28	PH 5	: 33
Principal Place	e of Business		-							
599 LEXINGTON AVE SUITE 3800 599 LEXINGTON AVE SUITE NEW YORK NY 10022 NEW YORK NY 10022			3800			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	···								_	
		3. Mailing Address]					
6303 Blue Lagoon Drive 6303 Blue La			201	Drive						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 250 Suite 250				1		DO NOT WHITE IN THIS SPACE				
City & State		City & State			4. F	El Number	65-09066	25		oplied For of Applicable
Miami Zip	, Florida Country	Miami, Florida	itry	.5. Certificate of Status Desir				8.75 Ad	ditional	
33126	USA	33126		USA			Idress of New	· · · ·	ee Require	»d
	6. Name and Address of Current Re	egistereo Agent		Name		MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND			· ·	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street A	eet Address (P.O. Box Number is Not Acceptable)					
	NTATION FL 33324									
				City				FL	Zip Cod	ie
	named entity subpoits this statement for t	he oursees of changing its r		ed office or	registered age	ent. or both.	n the State of FI		L	
8. The above	named entity substitis this statement for the	A Dual ha	ediate.		Babara Cial Assist	A DUCAL		1/:	-1700	}
SIGNATURE	Signature, typed or proted name of registered agent and	the disposicable. (NOTE:	Registere		CIAL ASSIS			DATE	7,00	
	ration is eligible to satisfy its Intangible	FILE NOW!!	FEE	IS \$550.	30	45 Floori	on Campaign Fi	oonsina	es i	00 May Be
Tax filing re	equirement and elects to do so.	2000	Min. will	be \$750.00		on Campaign Fi Fund Contribution			d to Fees	
(See criteri	ia on back) OFFICERS AND D	Make Check Payabi	12.	eparunen		DITIONS/CH	ANGES TO OF	FICEHS AND	DIRECTOR	3 IN 11
TITLE	☐ Oelete			E					Change	☐ Addition
NAME STREET ADDRESS	Guevara, Benny Avenida Turadentes 33, Sant	TO DOMINGO SI		ie Eet aodreșs		600003509286 -12/20/0001083005 ****750.08点数**号频响				
CITY-ST-ZIP	JOMINICAN REPUBLIC			r-ST-ZIP						
TITLE NAME	SPENCE, GEORGE C			E Æ						ADDKIOII- I'
STREET ADDRESS	AVENIDA TURADENTES 33, SANT	13, SANTO DOMINGO		EFT ADDRESS		60099350			-01083006_	
CITY-ST-ZIP	DOMINICAN REPUBLIC	☐ Delete	TITL	r-ST-ZIP		******			Change Addition	
TITLE NAME	RICHEY, KENT R			Æ						}
STREET ADDRESS CITY-ST-ZIP	S -589 LEXINGTON AVE-SUITE 3800		STREET ADDR							
MILE	С	☐ Delate	nn	£		<u> </u>			Change	Addition
NĂME	DEL PINO, ALBERTO AVENIDA TIRADENTES 33, SANTI	DOMINGO	NAA STR	re Eet adoress	ED BUILDING	41.2 		,		
STREET ADORESS CITY-ST-ZIP	DOMINICAN REPUBLIC			r-ST-ZIP	DEED.	al i ke			\supset	
TITLE		☐ Delete	Titt	_		HE. CON M	e erreptive		Z Chink	
NAME STREET ADDRESS			NAM STR	eet address	1					
CITY-ST-ZIP		····	CITY	r-st-zip	<u></u>					- Indition
TITLE		Delete .	TITL NAA		l				☐ Change	☐ Addition
NAME Street Address				EET ADDRESS						.
CITY-ST-ZIP		····		r-ST-ZIP	<u> </u>	440.07(7)	Clasida Ctatura	Livethor con	h that the	Information
 13. I hereby of indicated 	certify that the information supplied with t on this report or supplemental report is to poration or the receiver or trustee empowers.	his filing does not qualify for rue and accurate and that m	the exe y signa	emption state sture shall be	ited in Section in lave the same lander 607. Flori-	119.07(3)(i), legal effect a da Statutae	riorida Statutes s if made under and that my can	oath; that I ar ne appears in	n an office Block 11 o	r or director or Block 12 if
of the cor changed,	poration or the receiver or trustee empower, or on an attachment with an address, with	th all other like empowered.	ra redn	eu by UIS	aprior our, radii	vaidos,		~~~~~		1
SIGNAT	URE: SCHAIL	sk skouir	ED)						
~.~.	CIGNATURE AND TYPES OR DEL	HTER MANE OF SIGNAID DESICED C	a reason	TOR			Date	De	ytame Phone #	1

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