

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006799

1. Entity Name  
**ALLEGRO EXECUTIVE SERVICES CORPORATION**

FILED

00 NOV 28 PM 5:33

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 599 LEXINGTON AVE SUITE 3800  
 NEW YORK NY 10022

Mailing Address  
 599 LEXINGTON AVE SUITE 3800  
 NEW YORK NY 10022

2. Principal Place of Business  
 6303 Blue Lagoon Drive  
 Suite, Apt. #, etc.  
 Suite 250  
 City & State  
 Miami, Florida  
 Zip  
 33126  
 Country  
 USA

3. Mailing Address  
 6303 Blue Lagoon Drive  
 Suite, Apt. #, etc.  
 Suite 250  
 City & State  
 Miami, Florida  
 Zip  
 33126  
 Country  
 USA



4. FEI Number 65-0906625  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ \$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  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.  
 SIGNATURE *Barbara A. Burke* **BARBARA A. BURKE** **SPECIAL ASSISTANT SECRETARY** 11-1700  
 (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUEVARA, BENNY AVENIDA TURADENTES 33, SANTO DOMINGO DOMINICAN REPUBLIC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SPENCE, GEORGE C AVENIDA TURADENTES 33, SANTO DOMINGO DOMINICAN REPUBLIC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHEY, KENT R 599 LEXINGTON AVE SUITE 3800 NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DEL PINO, ALBERTO AVENIDA TIRADENTES 33, SANTO DOMINGO DOMINICAN REPUBLIC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003509286-- -12/20/00--01083--005 *****750.00 *****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003509286-- -12/20/00--01083--006 *****750.00 *****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #