

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68542

1. Entity Name

ALLEDORT CORPORATION

Principal Place of Business

501 S.E. 17TH ST
FT. LAUDERDALE FL 33316

Mailing Address

501 S.E. 17TH ST
FT. LAUDERDALE FL 33316

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

941 N.E. 19 AVE

Suite, Apt. #, etc.

STE 303

City & State

FT. LAUDERDALE FL

Zip

33304

Country

USA

6. Name and Address of Current Registered Agent

TRODELLA, RICHARD
501 S.E. 17TH ST
FT. LAUDERDALE FL 33316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 PD
NAME TRODELLA, GEORGE P
STREET ADDRESS 501 S.E. 17TH ST
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE VPD
NAME TRODELLA, RICHARD
STREET ADDRESS 501 S.E. 17TH ST
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE STD
NAME TRODELLA, CLAIRE
STREET ADDRESS 501 S.E. 17TH ST
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD TRODELLA

04/26/01

Date

(954) 524-3300

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90023 018 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2576186

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E034 (10/00)