

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90881 009 ***158.75

DOCUMENT # H68542

1. Entity Name

ALLEDORT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 SE 17 ST

3. Mailing Address

501 SE 17 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE FL 33316

City & State

FT LAUDERDALE FL 33316

4. FEI Number

59-2576186

Applied For

Not Applicable

Zip

33316

Country

U.S.A.

Zip

33316

Country

U.S.A.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

TRODELLA, RICHARD

Street Address (P.O. Box Number is Not Acceptable)

501 S.E. 17 ST.

City

FT LAUDERDALE

FL

Zip Code

33316

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PD

TRODELLA, GEORGE P

501 SE 17 ST

FT LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPD

TRODELLA, RICHARD

501 SE 17 ST

FT LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD

TRODELLA, CLAIRE

501 SE 17 ST

FT LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD TRODELLA (VPD)

APR. 29, 2002 (954) 524-3300

Date

Daytime Phone #

CR2E034B (12/01)