

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J51848

1. Entity Name

ALSON OF PERRINE, INC.

FILED

00 JUN 23 PM 6:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

18250 S. DIXIE HIGHWAY
MIAMIA FL 33172
US

Mailing Address

2390 N. 107TH AVE.
MIAMI FL 33172-2103
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2741917

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SONNENKLAR, HERBERT
2390 NW 107TH AVE.
MIAMI FL 33172

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SONNENKLAR, HERBERT
STREET ADDRESS 2390 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 800003319668--6
CITY-ST-ZIP -07/11/00--01055--001

TITLE SD ☐ Delete
NAME SONNENKLAR, J.
STREET ADDRESS 2390 N.W. 107TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ***1050.00 ☐ Change ☐ Addition
CITY-ST-ZIP ***150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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

4/29/00

Date

305-577-5670

Daytime Phone #

CR2E034 (9/99)