

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

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90488 028 \*\*\*150.00

DOCUMENT # **K86805**

1. Entity Name  
**allied Capital Enterprises, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**521 Silver Lane**

Suite, Apt. #, etc.

**Boca Raton, FL**

City & State

3. Mailing Address

**same**

Suite, Apt. #, etc.

City & State

Zip  
**33432**

Country  
**USA**

Zip

Country

4. FEI Number

**65-132856**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Ruth Jacobs**

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

**521 Silver Lane**

City

**Boca Raton**

FL

Zip Code

**33432**

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**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  
**President**  
**Ruth Jacobs**  
**521 Silver Lane**  
**Boca Raton, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President**  
**Michael Ross**  
**521 Silver Lane**  
**Boca Raton, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

**Ruth Jacobs** **Ruth Jacobs**

Date

**6/12/02** **561-347-8483**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/01)



Attachment

869546

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 5, 2002

ALLIED CAPITAL ENTERPRISES, INC.  
521 SILVER LANE  
BOCA RATON, FL 33432 US

SUBJECT: ALLIED CAPITAL ENTERPRISES, INC.  
Ref. Number: K86805

We have received your document for ALLIED CAPITAL ENTERPRISES, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 102A00036788