

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90080 018 \*\*\*\*50.00

**DOCUMENT # L00000008282**

1. Entity Name

**ALLSTATE REALTY PARTNERS, LLC** ✓

Principal Place of Business

**2601 BISCAYNE BLVD.  
 MIAMI FL 33137**

Mailing Address

**2601 BISCAYNE BLVD.  
 MIAMI FL 33137**

2. Principal Place of Business

**398 NE 6th Ave**  
 Suite, Apt. #, etc.

3. Mailing Address

**398 NE 6th Ave**  
 Suite, Apt. #, etc.

City & State

**Delray Beach**

City & State

**Delray Beach, FL**

Zip

**FL 33483**

Country

Zip

**33483**

Country

4. FEI Number

**65-1045591**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RICKARD, KEVIN  
 72 SE 6TH AVE  
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

**(Same)**

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

**398 NE 6th Ave**

City

**Delray Beach**

**FL**

Zip Code

**33483**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **RICKARD, KEVIN**  
 STREET ADDRESS **72 SE 6TH AVE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
 NAME **398 NE 6th Ave**  
 STREET ADDRESS **Delray Beach, FL**  
 CITY-ST-ZIP **33483**

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/25/02 561-229-8206**

CR2E083 (9/01)