

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAR 12 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015258

1. Entity Name

ALLEM & ASSOCIATES INTERNATIONAL, LLC

Principal Place of Business

320, S.E. MIZNER BLVD #1106
BOCA RATON
FLORIDA 33432

Mailing Address

P.O. BOX 691
BOCA RATON
FLORIDA 33429

2. Principal Place of Business

AS ABOVE ↑

3. Mailing Address

AS ABOVE ↑

Suite, Apt. #, etc.

1106

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

4. FEI Number

NOT RECEIVED YET.

Applied For

Not Applicable

Zip

33432

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAM. E. BUCKNAM
(P.O. BOX) 612 N.E. 20TH AVE, NO.10,
DEERFIELD FL 33441

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: PRESIDENT
NAME: MERLE CHRISTODOULOU
STREET ADDRESS: 320, S.E. MIZNER BLVD #1106
CITY-ST-ZIP: BOCA RATON, FL. 33432

TITLE: DIRECTOR
NAME: LARA-ANNE ALLEM
STREET ADDRESS: 320 S.E. MIZNER BLVD #1106
CITY-ST-ZIP: BOCA RATON, FL. 33432

TITLE: P.
NAME: MERLE CHRISTODOULOU
STREET ADDRESS: P.O. BOX 691
CITY-ST-ZIP: BOCA RATON, FL 33429

TITLE: D.
NAME: LARA-ANNE ALLEM
STREET ADDRESS: P.O. BOX 691
CITY-ST-ZIP: BOCA RATON, FL. 33429

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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10. ADDITIONS/CHANGES

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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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: Merle Christodoulou

28 Feb. 2001 (954) 304-0554

CR2E083 (11/00)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #