

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90073 024 ****50.00

DOCUMENT # L00000015258

1. Entity Name

ALLEM & ASSOCIATES INTERNATIONAL, LLC

Principal Place of Business

**720 S. APODILLA AVE.
 APT 105
 W. PALM BEACH FL 33401**

Mailing Address

**720 S. APODILLA AVE.
 APT 105
 W. PALM BEACH FL 33401**

2. Principal Place of Business

720 S. SAPODILLA AVE.

3. Mailing Address

720 S. SAPODILLA AVE

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

Zip

FL 33401

Country

U.S.A.

Zip

FL 33401

Country

4. FEI Number

65-1079736

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BUCKNAM, WILLIAM E
 612 NE 20TH AVE. SUITE 10
 DEERFIELD BEACH 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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHRISTODOULOU, MERLE	
STREET ADDRESS	P.O. BOX 691	
CITY-ST-ZIP	BOCA RATON FL 33429	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN LARA-ANNE	
STREET ADDRESS	P.O. BOX 691	
CITY-ST-ZIP	BOCA RATON FL 33429	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTODOULOU MERLE	
STREET ADDRESS	720 S. SAPODILLA AVE # 105	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN LARA-ANNE	
STREET ADDRESS	720 S. SAPODILLA AVE # 105	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Merle Christodoulou

11 January 2002

(954)

304-0554

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

Date

Daytime Phone #

CR2E083 (9/01)