

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L81346

1. Entity Name

ALLIANCE PROPERTY SYSTEMS, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90016 043 ***150.00

Principal Place of Business

7101 W COMMERCIAL BLVD.
#4-A
FT. LAUDERDALE FL 33319
US

Mailing Address

7101 W COMMERCIAL BLVD.
#4-A
FT. LAUDERDALE FL 33319
US

00017258



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 26478

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft Lauderdale, FL

4. FEI Number 65-0202655

Applied For
Not Applicable

Zip

Country

Zip

33320-6478

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARUE, ERIC
7101 W COMMERCIAL BLVD
SUITE 4A
FT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name
Clifford G. LaRue
Street Address (P.O. Box Number is Not Acceptable)
7101 W Commercial Blvd 4-A

City Ft Lauderdale FL Zip Code 33319

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 Clifford G. LaRue

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/01
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, 2001 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

TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	LARUE, ERIC	
STREET ADDRESS	7101 W COMMERCIAL BLVD 4A	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLIFFORD G. LARUE	
STREET ADDRESS	7101 W. COMMERCIAL BLVD 4A	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	AMY L. WEINOFF	
STREET ADDRESS	7101 W. COMMERCIAL BLVD 4A	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOFFMAN, LEIGH	
STREET ADDRESS	7101 W COMMERCIAL BLVD 4-A	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 a signature with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford G. LaRue

2/10/01 954-724-2001

Date

Daytime Phone #

CR2E034 (10/00)