## **2000 UNIFORM BUSINESS REPORT (UBR)**

2000 UNIFORM BUSINESS REPORT (UBR)					1	APPROVED											
DOCUMENT # < L9800001817  1. Entity Name ALLSTATE MINI STORAGE, L.C.					AND FILED  00 APR 27 AM II: 17  SECRETARY OF STATE												
									Principal Place of Business 7 BARRACUDA LANE KEY LARGO FL 33037		Mailing Address 7 BARRACUDA LANE KEY LARGO FL 33037-3733			FAL	LAHASSEE.FLUK	IUA	(1841 <b>188</b> 1 1 <b>88</b> 1
									2. Principal Place of Business		3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE													
City & State		City & State		4. FEI Number . Applied For													
Zip Country		Zip Country		itry	5. Certificate of Status Desired Sta												
6. Name and Address of Current		Registered Agent			7. Name ar	nd Address of New Registe	Fee Require										
CORPOR INC				Name													
CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR				Street Address (P.O. Box Number is Not Acceptable)													
MIAMI FL	33133		-		FL Zip Code												
8. The above	named entity submits this statement for	the purpose of changing its	registere	L ed office or regist	ered agent, or b	oth, in the State of Florida.											
SIGNATURE .	Signature typed or printed name of registered agent			Post d Agent signature requir	and when reinstating)	n	ATE										
	Signature typed or printed name or registered agent a	•															
Al	11) of	FILE NO Make Check Par		FEE IS \$50.00 o Department	1												
9.	MANAGING MEMBERS / MEMBERS				<u> </u>	ADDITIONS/CHAP											
TITLE MAME STREET ADDRESS CITY-ST-ZCP	MGR WHITLEY, ADAM 14812 BALGOWAN RD MIAMI LAKES FL 33016						Change	Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change   Change   Addition												
TITLE NAME STREET ADURESS CITY-ST-ZIP				E IE EET ADDRESS '- ST- ZIP		.7.00 -20.	Change	Addition ~									
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Daleta					Change	Addition									
TITLE NAME STREET ABORESS CITY-ST-ZIP		☐ Deleta					Change	Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITU NAM Stri	E			Change	Addition									
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGER HOLD Date Daylimo Phone #																	