

2000 UNIFORM BUSINESS REPORT (UBR)

0005283 AF

DOCUMENT # L99000005530

1. Entity Name
ALLIED-GRAY USA, LC

FILED
00 MAR 13 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA
3/22

Principal Place of Business
2101 NORTH ANDREWS AVENUE, SUITE 200
FT. LAUDERDALE FL 33311

Mailing Address
2101 NORTH ANDREWS AVENUE, SUITE 200
FT. LAUDERDALE FL 33311-3934

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSE, ANDREW C ESQ.
2101 NORTH ANDREWS AVENUE, SUITE 200
FT. LAUDERDALE FL 33311

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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP | MGRM BRACKEN, JOHN R MOORHEY STREET OLDHAM OL 41JE ENGLAND UK | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BRIERLEY, JAMES I MOORHEY STREET OLDHAM OL 41JE ENGLAND UK | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GRAY, HENRY J 4300 EAST TRADEWINDS AVENUE LAUDERDALE-BY-TH-SEA FL 33308 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GRAY, CHRISTOPHER J 302 BRANTLEY HARBOR DRIVE LONGWOOD FL 32779 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS / CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 800003184388-3 -03/27/00--01012--007 *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

i. 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
Date 3/7/00 Daytime Phone #

CR2E083 (9/99)