

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90958 018 \*\*\*\*55.00

DOCUMENT # M01000001366

1. Entity Name

ALLIED GLOBAL PARTNERS, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20963 VIETO TERRACE

Suite, Apt. #, etc.

3. Mailing Address

20963 VIETO TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

22-3600121

Applied For

Not Applicable

Zip 33433

Country USA

Zip 33433

Country USA

5. Certificate of Status Desired

☒

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name JORGE TOYOFUKU

Street Address (P.O. Box Number is Not Acceptable) 20963 VIETO TERRACE

City BOCA RATON

FL

Zip Code 33433

**DO NOT WRITE  
IN THIS SPACE**

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

Jorge Toyofuku

JORGE TOYOFUKU

3/25/2002

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE JORGE TOYOFUKU, PRESIDENT  
NAME  
STREET ADDRESS 20963 VIETO TERRACE  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jorge Toyofuku

3/25/2002 (561)558-2362

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

Date

Daytime Phone #

CR2E083B (12/01)