

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90139 011 ***150.00

DOCUMENT # M97012

1. Entity Name

ALLOCCA AND FELDER, P.A.

Principal Place of Business

Mailing Address

**44 W. FLAGLER ST., SUITE 405
 MIAMI FL 33130**

**44 W. FLAGLER ST., SUITE 405
 MIAMI FL 33130-1896**

2. Principal Place of Business

28 W. FLAGLER ST

3. Mailing Address

28 W FLAGLER ST

Suite, Apt. #, etc.

Suite 1106

Suite, Apt. #, etc.

Suite 1106

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33130

Country

USA

Zip

33130

Country

USA

4. FEI Number

65-0074302

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALLOCCA, FRANK J.
 44 W. FLAGLER ST.
 MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

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

28 W FLAGLER ST

Suite 1106

City

MIAMI

FL

Zip Code

33130

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

Frank Allocca

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

(NOTE: Registered Agent signature required when reinstating)

1/24/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **ALLOCCA, FRANK J.**
 STREET ADDRESS **44 W. FLAGLER ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME **28 W. FLAGLER ST**
 STREET ADDRESS **MIAMI FL 33130**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FELDER, LAWRENCE D.**
 STREET ADDRESS **1417 S.E. 1ST AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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)(l), 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 an address, with all other like corporations.

SIGNATURE:

Frank Allocca
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00
 DATE

(305) 374-1994
 Daytime Phone #

CR2E034 (9/99)