•

2001 UNIFORM BUSINESS REPORT (UBF

FILED Aug 09, 2001 8:00 am Secretary of State

1. Entity Name						ary ot				
ALLIEC	VETERANS ASSOCIATION, I	NC.	F	- -	-09-2001	90044 006	****70.00)		
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1 '	ace of Business	Mailing Address		,						
P. O. BOX :		p. o. 80x 991 Hallandale Fl 33008				1	, , , , , , , , , , , , , , , , , , , 	.7		
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	Place of Business	3. Mailing Address								
236	/	SAME								
Suite, Ap	it. #, etc.	Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS S	SPACE		
City & St	BROKE PINES	City & State		4. FEI	Number 65	-1036	439	· -	pplied For ot Applicable	-
330	Country	Zip	Country	5. Cer	rtificate of St	tatus Desired		\$8.75 Ad		7
330	6. Name and Address of Current	Registered Agent	I	7. Nar	me and Add	iress of New F				<u> </u>
{			Name] .
	, ALAN E		Street A	Address (P.O. Box	: Number is	Not Acceptable	э)		<u> </u>]
1435 N\ - MIAMI F	V 13TH TERR. 1. 33135							····		1
HALFARIT	L 00/100		City				FL	Zip Coc	le	1
<u> </u>	ve named entity submits this statement for	or the purpose of changing its r	egistered office o	or registered agent	t, or both, in	the state of Flo	orida.			1
8. The above										1
1		,		1 00						
8. The above		OLLEY G	Reg la	llep			<u> </u>	-01	<u> </u>	
P	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signat	Cure required when reinst	tating)		DATE	-01		
P		9. Election Cam	paign Financing	\$5.00	tating)	S	DATE	-O]	to	
SIGNATURE	Signature, typed or printed name of registered agent	9. Election Cam	paign Financing	- 6	May Be			•		
SIGNATURE	FILE NOW: FEE IS \$61.25 stember 12, 2001, min. will be \$2	9. Election Cam Trust Fund Co	paign Financing	\$5.00 Added t	May Be		ike Check Departmen	nt of State	e 	
After Sep	FILE NOW: FEE IS \$61.25 stember 12, 2001, min. will be \$2	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 Added to	May Be o Fees NS/CHANG	ES TO OFFICE	ike Check Departmer	nt of State	e 	5/01)
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CICMATURE.

OBATUKELLEZZUIRKEG GIFTREVAOUT Juhy 14/