

1/19/01-91

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-19-2001 90029 005 ***150.00

DOCUMENT # P00000001855

1. Entity Name

ALLEN BROTHERS FOLIAGE, INC.

Principal Place of Business

7905 SW 165TH ST.
MIAMI FL 33157

Mailing Address

7905 SW 165TH ST.
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0973776

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, MIKE
7905 SW 165TH ST.
MIAMI FL 33157

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

PD ☐ Delete
ALLEN, MIKE
7905 SW 165TH ST.
MIAMI FL 33157
VD ☐ Delete
ALLEN, JOHN
29740 SW 183RD CT.
HOMESTEAD, FL 33030
SD ☐ Delete
ALLEN, VICKY
29740 SW 183RD CT.
HOMESTEAD FL 33030
TD ☐ Delete
ALLEN, EILEEN
7905 SW 165TH ST.
MIAMI FL 33157
☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition
SD
ALLEN, SUSAN V.
29740 SW 183RD CT
HOMESTEAD, FL 33030
☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

13. 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 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 empowered.

SIGNATURE: *Mike Allen***MIKE ALLEN, PRESIDENT****1/9/01 305 245-2572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED04 (10/00)