

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90071 014 ***150.00

DOCUMENT # P00000006043

1. Entity Name
ALLEN-MCNULTY, INC.

Principal Place of Business
**1701 N.W. 115TH ST., UNIT 14A
N. MIAMI FL 33181**

Mailing Address
**1701 N.W. 115TH ST., UNIT 14A
N. MIAMI FL 33181**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**3094 S Oakland Forest Dr
Suite, Apt. #, etc.
Apt 1704
City & State
Oakland Park, FL
Zip Country
33309-7504 USA**

3. Mailing Address
**3094 S Oakland Forest Dr
Suite, Apt. #, etc.
Apt 1704
City & State
Oakland Park, FL
Zip Country
33309-7504 USA**

4. FEI Number **65-0974689** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent
**MCNULTY, KATHLEEN A
1701 N.W. 115TH ST., UNIT 14A
N. MIAMI FL 33181**

7. Name and Address of New Registered Agent
Name **Kathleen Allen**
Street Address (P.O. Box Number is Not Acceptable)
3094 S Oakland Forest Dr., Apt 1704
City **Oakland Park** FL Zip Code **33309-7504**

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 *Kathleen Allen* **Kathleen Allen** DATE **4/14/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCNULTY, KATHLEEN A 1701 N.W. 115TH ST., UNIT 14A N. MIAMI FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kathleen Allen 3094 S Oakland Forest Dr #1704 Oakland Park, FL 33309-7504
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kathleen Allen* **Kathleen Allen** DATE **4/14/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)