

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91333 039 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034281 ✓
1. Entity Name
G. ALLEN AND ASSOCIATES INC.

668510

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2248 N.W. 81st TERRACE
Suite, Apt. #, etc.

3. Mailing Address
2248 N.W. 81st TERRACE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SUNRISE, FLORIDA
Zip
33322-3010
Country
USA

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Zip
33322-3010
Country
U. S. A.

4. FEI Number
651003978
Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BRICKEL AND COMPANY, P.A.

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

2600 N. MILITARY TRAIL, STE. 290
City BOCA RATON FL Zip Code 33431

B. 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 title 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) ☒

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$81.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P/D
GREGORY A. ALLEN
2248 N.W. 81st TERRACE
SUNRISE, FLORIDA, 33322-3010

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.1.2002

Date

954.572.8033

Daytime Phone

CR2E034B (12/01)