

FILED
Sep 10, 2001 8:00 am
Secretary of State

08-20-2001 90076 048 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043143
 1. Entity Name
ALAN INVESTMENT PROPERTIES, INC.

Principal Place of Business: **670 NW 114TH ST MIAMI FL 33168-3338**
 Mailing Address: **670 NW 114TH ST MIAMI FL 33168-3338**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **65-1003962**
 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
ALAN, KOON YAU
670 NW 114TH ST
MIAMI FL 33168-3338

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: _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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		<input type="checkbox"/> Delete
TITLE	PSD	<input type="checkbox"/>
NAME	ALAN, KOON YAU	
STREET ADDRESS	670 NW 114TH ST	
CITY-ST-ZIP	MIAMI FL 33168-3338	
TITLE	VD	<input type="checkbox"/>
NAME	CHEUNG, KAM FUNG	
STREET ADDRESS	670 NW 114TH ST	
CITY-ST-ZIP	MIAMI FL 33168-3338	
TITLE	_____	<input type="checkbox"/>
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/>
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/>
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	_____	<input type="checkbox"/>	<input type="checkbox"/>
NAME	_____		
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		
TITLE	_____	<input type="checkbox"/>	<input type="checkbox"/>
NAME	_____		
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		
TITLE	_____	<input type="checkbox"/>	<input type="checkbox"/>
NAME	_____		
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		
TITLE	_____	<input type="checkbox"/>	<input type="checkbox"/>
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)(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 other like empowered.

SIGNATURE: *Monica Allen* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8/13/01**

Daytime Phone: _____

CR2E034 (9/01)