## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am Secretary of State P00000050698 DOCUMENT # 04-29-2002 90061 047 \*\*\*150 00 ALLAN OF SOUTH FLORIDA, INC. Mailing Address Principal Place of Business 2141 HIATUS RD 2141 HIATUS RD DAVIE FL 33325 DAVIE FL 33325 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1018718 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REYNOLD'S, ALLAN K Street Address (P.O. Box Number is Not Acceptable) 5146 N.W. 58TH TERRACE CORAL SPRINGS FL 33067 Zip Code City statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en v sub SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITI E □ Delete TITLE REYNOLDS, ALLAN K NAME STREET ADDRESS 5146 N.W. 58TH TERRACE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information indicated on this report or supple of the corporation or the receive

changed, or on an attachment

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ther like empowered

pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal eport 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 using emowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED