

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 13, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000056230**1. Entity Name  
**ALLIED INVESTMENTS GROUP, INC.**

## Principal Place of Business

7249 NW 36TH COURT

MIAMI  
33147

FL

## Mailing Address

7249 NW 36TH COURT

MIAMI  
33147

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**65-1051450**

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

**KATTAN ABRAHAM**  
7249 NW 36TH COURTMIAMI  
33147

FL

## 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 \_\_\_\_\_ **03/13/2001**

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) ☒**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE \_\_\_\_\_ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPD \_\_\_\_\_ ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KATTAN ABRAHAM SEC.  
7249 NW 36 COURT  
MIAMI FL 33147TITLE \_\_\_\_\_ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPD \_\_\_\_\_ ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
IZHAK YORAM V.P.  
3301 NW 107 STREET  
MIAMI FL 33168TITLE **D** ☐ Delete  
NAME **KATTAN ABRAHAM**  
STREET ADDRESS **7249 NW 36TH COURT**  
CITY-ST-ZIP **MIAMI FL 33147**D ☒ Change ☐ Addition  
NAME **KATTAN ABRAHAM PRES.**  
STREET ADDRESS **7249 NW 36TH COURT**  
CITY-ST-ZIP **MIAMI FL 33147**TITLE \_\_\_\_\_ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE \_\_\_\_\_ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE \_\_\_\_\_ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE \_\_\_\_\_ ☐ Change ☐ Addition  
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 all other like empowered.

**SIGNATURE: ABRAHAM KATTAN**

PRS

03/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)