

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90033 008 ***150.00

DOCUMENT # P00000056230

1. Entity Name

ALLIED INVESTMENTS GROUP, INC.

Principal Place of Business

**7249 NW 36TH COURT
 MIAMI FL 33147**

Mailing Address

**7249 NW 36TH COURT
 MIAMI FL 33147**

2. Principal Place of Business

7621 N.W. 37th Ave

Suite, Apt. #, etc.

MIAMI, FL. 33147

City & State

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

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 COURT
 MIAMI FL 33147**

7. Name and Address of New Registered Agent

Name **KATTAN ABRAHAM**

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

7621 N.W. 37th Ave

Miami, FL. 33147

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: 

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	KATTAN, ABRAHAM PRES.	
STREET ADDRESS	7249 NW 36TH COURT	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IZHAK, YORAM V.P.	
STREET ADDRESS	3301 NW 107 STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATTAN, RAHAMIN SEC.	
STREET ADDRESS	7249 NW 36 COURT	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7621 N.W. 37th Ave	
CITY-ST-ZIP	MIAMI, FL. 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7621 N.W. 37th Ave	
CITY-ST-ZIP	MIAMI, FL. 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02 305-696-2800

CR2E034 (9/01)