

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067825

1. Entity Name

ALLIED PROFESSIONAL RESOURCES, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90054 001 ***150.00

Principal Place of Business

Mailing Address

8592 W. SUNRISE BLVD., SUITE 401
SUNRISE FL 33322

8592 W. SUNRISE BLVD., SUITE 401
SUNRISE FL 33322

2. Principal Place of Business

3365 N. FEDERAL HWY.

3. Mailing Address

3365 N. FEDERAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number
65-1025290

Applied For
Not Applicable

Zip
33306

Country
BROWARD

Zip
33306

Country
BROWARD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOWNING, MATTHEW L
8592 W. SUNRISE BLVD., SUITE 401
SUNRISE FL 33322

Name
STEPHON L. HARDIK
Street Address (P.O. Box Number is Not Acceptable)
3365 N. FEDERAL HWY
City
FT. LAUDERDALE, FL Zip Code
33306

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

1-22-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST DOWNING, MATTHEW L 8592 W. SUNRISE BLVD., SUITE 401 SUNRISE FL 33322	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNING, MATTHEW L 8592 W. SUNRISE BLVD., SUITE 401 SUNRISE FL 33322	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST STEPHON L. HARDIK 3365 N. FEDERAL HWY. FT. LAUDERDALE, FL 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

STEPHON L. HARDIK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-01

CR2E034 (10/00)