

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90005 020 ***150.00

DOCUMENT # P00000072464
 1. Entity Name
ALLIED INC

Principal Place of Business Mailing Address
9401 W. COLONIAL DR # 116
OCOFEE FL 34761

2. Principal Place of Business 3. Mailing Address
7041 GRAND NATIONAL DR 7041 GRAND NATIONAL DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.
215 215

City & State City & State
ORLANDO FLORIDA ORLANDO FL
 Zip Country Zip Country
32819 USA 32819 USA

4. FEI Number Applied For
59-3667152 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00056276

6. Name and Address of Current Registered Agent
ARIF RAJAN
7041 GRAND NATIONAL DR # 215
ORLANDO FL 32819

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 (Signature) (ARIF RAJAN) DATE 5/7/2001
Signature, typed or printed name of registered agent and title if applicable. (Not Registered Agent signature required when reinstating)

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

TITLE	<u>PRESIDENT</u> <input type="checkbox"/> Delete
NAME	<u>ARIF RAJAN</u>
STREET ADDRESS	<u>7041 GRAND NATIONAL DR # 215</u>
CITY-ST-ZIP	<u>ORLANDO FL 32819</u>
TITLE	<u>Officer/Secretary</u> <input type="checkbox"/> Delete
NAME	<u>ISMAIL RAJAN</u>
STREET ADDRESS	<u>7041 GRAND NATIONAL DR # 215</u>
CITY-ST-ZIP	<u>ORLANDO FL 32819</u>
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	
CITY-ST-ZIP	
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	
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 is 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) (ARIF RAJAN) Date 5/7/2001 Daytime Phone # 407-226-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/100)