

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

0088472

**DOCUMENT # P00000087409**

1. Entity Name

AL GREEMY SERVICES, INC.

09-06-2001 90284 001 \*\*\*500.00  
09-06-2001 90284 002 \*\*\*\*50.00

Principal Place of Business

Mailing Address

301 NE 14TH AVE., #603  
HALLANDALE FL 33009

301 NE 14TH AVE., #603  
HALLANDALE FL 33009

78104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

301 N.E. 14<sup>th</sup> AVE

Suite, Apt. #, etc.

SUITE # 603

3. Mailing Address

SAME AS PART 2

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

City & State

Zip

33009

Country

U.S.A.

Zip

Country

4. FEI Number

65-1058131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIDESCU, MARIA  
301 NE 14TH AVE., #603  
HALLANDALE FL 33009

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DAVIDESCU MARIA  
REGISTERED AGENT  
301 N.E. 14<sup>th</sup> AVE, SUITE # 603  
HALLANDALE, FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GRECU ION  
PRESIDENT  
301 N.E. 14<sup>th</sup> AVE, SUITE # 603  
HALLANDALE, FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRECU ION

08/20/01

Date

(954) 747-1986

Daytime Phone #

CR2E034 (10/00)