

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90260 028 \*\*\*158.75

DOCUMENT # P00000091646

1. Entity Name

BASHAALLEN, INC.

Principal Place of Business

4953 BACOPA LANE SOUTH, #105  
ST PETERSBURG FL 33715

Mailing Address

4953 BACOPA LANE SOUTH, #105  
ST PETERSBURG FL 33715

00055323

2. Principal Place of Business

4953 BACOPA LN. SO.

3. Mailing Address

4953 BACOPA LN. SO.

Suite, Apt. #, etc.

#105A

Suite, Apt. #, etc.

#105A

City & State

SAINT PETERSBURG, FL

City & State

SAINT PETERSBURG, FL

Zip

33715 PINNELLAS

Zip

33715 PINNELLAS

Country

FLORIDA

4. FEI Number

59-3692790

Applied For

Not Applicable

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

DACHELET, THOMAS M  
888 SE 3RD AVE, SUITE 400  
FT LAUDERDALE FL 33316

Name

BARRY ALLENTUCK

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

4953 BACOPA LANE SOUTH  
#105A

City

SAINT PETERSBURG, FL

Zip Code

33715

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

Barry Allentuck BARRY ALLENTUCK

4/18/01

(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 PD  
NAME ALLENTUCK, BARRY  
STREET ADDRESS 4953 BACOPA LANE SOUTH, #105  
CITY-ST-ZIP ST PETERSBURG FL 33715

☐ Delete

TITLE STD  
NAME THEISMANN, CHERYL L  
STREET ADDRESS 4953 BACOPA LANE SOUTH, #105  
CITY-ST-ZIP ST PETERSBURG FL 33715

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

☐ Delete

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

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
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

Barry Allentuck BARRY ALLENTUCK

4/18/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)