

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097956

1. Entity Name

ALLESTATE SURVEYING AND MAPPING, P.A.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90119 033 ***150.00

Principal Place of Business

8177 NW 8TH ST D-2
MIAMI FL 33126

Mailing Address

8177 NW 8TH ST D-2
MIAMI FL 33126

2. Principal Place of Business

8500 SW 8 ST., SUITE 220

3. Mailing Address

8500 SW 8 ST.

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

Suite 220

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33144

Country

USA

Zip

33144

Country

USA

4. FEI Number

65-1048761

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

PORTA, JOSE C
8177 NW 8TH ST D-2
MIAMI FL 33126

Name

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

729 WEST 53 ST.

City

HIALEAH

FL

Zip Code
33012

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D (VP/SEC.) ☐ Delete
NAME FELIPE, MANUEL
STREET ADDRESS 2414 SW 137TH AVE
CITY-ST-ZIP MIAMI FL 33175

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9525 SW 15 ST.
CITY-ST-ZIP MIAMI, FLORIDA 33174

TITLE D (Pres./Treasure) ☐ Delete
NAME PORTA, JOSE C
STREET ADDRESS 729 W 53RD ST
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE D ☒ Delete
NAME HADAD, ABRAHAM
STREET ADDRESS 8177 NW 8TH ST D-2
CITY-ST-ZIP MIAMI FL 33126

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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

4/29/01 305-2658308
Date Daytime Phone #

CR2E034 (10/00)