

1002

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000001871

1. Entity Name

**ALLIED INSURANCE, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2004 Polk Street**

Suite, Apt. #, etc.

3. Mailing Address

**2004 Polk Street**

Suite, Apt. #, etc.

City & State

**Hollywood, Florida**

Zip

**33020**

Country

City & State

**Hollywood, Florida**

Zip

**33020**

Country

4. FEI Number

**65-1064792**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

02 DEC -9 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600009740006  
12/30/02--01060--021 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**SPIEGEL & UTRERA, P.A.**

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

**1840 Southwest 22 Street**

**4th Floor**

City

**Miami**

**FL**

Zip Code

**33145**

8. The above information is submitted for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

**SPIEGEL & UTRERA, P.A.**

**Natalia Utrera, Vice President**

(NOTE: Registered Agent sign also required when filing)

DATE

12/5/02

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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  
**PSD  
Nesselt, Joseph  
2004 Polk Street  
Hollywood, Florida 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
Moody, Thomas W.  
2004 Polk Street  
Hollywood, Florida 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like employees.

SIGNATURE:

**Joseph Nesselt, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiry Date

CR2E034B (12/01)

2002

**AFFIDAVIT IN SUPPORT OF**  
**REQUEST TO WAIVE THE**  
**FLORIDA DEPARTMENT OF STATE**  
**CORPORATE ANNUAL REPORT LATE FEES**

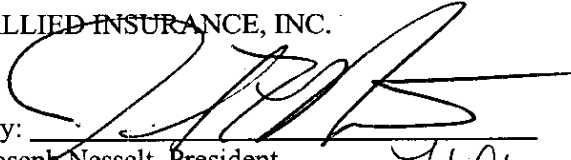
STATE OF FLORIDA     )  
                                  )  
COUNTY OF BROWARD    )

1. Joseph Nesselt is the President of ALLIED INSURANCE, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on October 4, 2002.
3. That the Corporation failed to file its 2002 Annual Report or pay the 2002 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
  - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
  - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2002 Annual Report fees and the filing of its 2002 Annual Reports, which are presented simultaneously with this Affidavit.
5. ALLIED INSURANCE, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 3 day of ~~November~~ December, 2002

**FURTHER, AFFIANT SAYETH NOT**

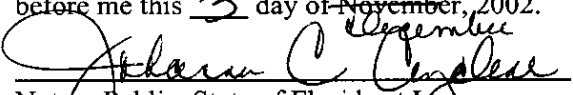
ALLIED INSURANCE, INC.

By:   
Joseph Nesselt, President

710K

**SWORN AND SUBSCRIBED**

before me this 3 day of ~~November~~ December, 2002.

  
Notary Public, State of Florida at Large

Printed Name: Johanna C. Anzalone  
Commission Expires: \_\_\_\_\_



Johanna C Anzalone  
My Commission CC933245  
Expires June 19 2004