

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90883 030 ***150.00

DOCUMENT #

1. Entity Name

PO1000027623

Judith Allyn, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3961 N. 40th Avenue

Suite, Apt. #, etc.

3. Mailing Address

3961 N. 40th Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-1088776

Applied For

Not Applicable

Zip

33021

Country

Broward

Zip

33021

Country

Broward

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Judith Allyn -

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

3961 N. 40th Avenue

City

Hollywood

FL

Zip Code

33021

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IN THIS SPACE

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) ☐

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
Judith Allyn
3961 N. 40th Avenue
Hollywood, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *J Allyn PA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

954-966-3266