

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081373

Entity Name

ALLSTATE CONSTRUCTION & MANAGEMENT COMPANY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 432565		3. Mailing Address P.O. BOX 432565	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL 33243		City & State MIAMI FL 33243	
Zip	Country	Zip	Country

DO NOT WRITE
IN THIS SPACE

4. FEI Number	☒ Applied For ☐ Not Applicable
---------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	-----------------------------------

7. Name and Address of Current Registered Agent

Name MIKE AJABSHIR

Street Address (P.O. Box Number is Not Acceptable)
7840 NW 72 AVE

City MIAMI FL Zip Code 33166

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

M. AJABSHIR/RG

09/27/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$580.00
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
--	--------------------------------

OFFICERS AND DIRECTORS

NAME	TITLE	STREET ADDRESS	CITY-STATE-ZIP
D ORFANI, MOHAMMAD 17891 S.DIXIE HWY MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
D AJABSHIR, SOROOREH 17891 S.DIXIE HWY MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		

DO NOT WRITE
IN THIS SPACE

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:

MOHAMMAD ORFANI/D

09/27/02 305-218-8585

CR2ED34B (12/01)

September 28, 2002

**Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
C/O Loria Poole**

**RE: ALLSTATE CONSTRUCTION AND MANAGEMENT COMPANY, INC.
2002 Uniform Business Report**

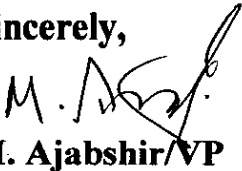
Dear Mrs. Poole,

Please be advised as of today September 28, 2002 I never received any form or notification for the above reference to filing the report, from the Department for 2002 Uniform Business Report.

Please accept this letter as my filing report for the above mentioned corporation and include this filing. See attached \$150.00 for filing. Allstate Construction and Management Company, Inc.

If you have any questions do not hesitate to call me at (305) 971-2000.

Sincerely,


M. Ajabshir/VP