

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90052 022 ***150.00

DOCUMENT # P01000094565

1. Entity Name
ALLGAR, INC.



Principal Place of Business
**8179 N PINE ISLAND ROAD
TAMARAC FL 33321**

Mailing Address
**8179 N PINE ISLAND ROAD
TAMARAC FL 33321**



2. Principal Place of Business

3. Mailing Address

7820 N. University Drive

7820 N. University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Tamarae, Florida

City & State
Tamarae, Florida

4. FEI Number
65-1141496

Applied For
Not Applicable

Zip
33321

Country
Broward

Zip
33321

Country
USA

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

**DIGIORGIO, MICHAEL
8179 N PINE ISLAND ROAD
TAMARAC FL 33321**

Name
Michael DiGiorgio

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

7820 N. University Drive

City
Tamarae

FL

Zip Code
33321

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-2-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DIGIORGIO, MICHAEL
8179 N PINE ISLAND ROAD
TAMARAC FL 33321** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GARMIZO, GUSTAVO
8179 N PINE ISLAND ROAD
TAMARAC FL 33321** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

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

12. 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 10 or Block 11 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

1-2-03

Date

954-721-4959

Daytime Phone #

CR2E034 (10/02)