

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

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90028 025 ***150.00

DOCUMENT # *P02 000005266*

1. Entity Name

L.R. Allen, P.A.



DO NOT WRITE IN THIS SPACE

44021526

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2640 NW 42nd Av.

3. Mailing Address

2640 NW 42nd Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK FLA

City & State

COCONUT CREEK FLA

4. FEI Number

0435 88110

Applied For

Not Applicable

Zip

33066

Country

Broward

Zip

33066

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTHERA, P.A.

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

343 Almeria Av.

City

CORAL GABLES

FL

Zip Code

33134

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

SIGNATURE

Retained (not new)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Pres
Allen, Leonard R.
2640 NW 42nd Av.
COCONUT CREEK FLA 33066*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-04 954-683-9000

Date

Daytime Phone #

CR2E034B (12/02)