

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91445 018 ***150.00

DOCUMENT # P02000018537

1. Entity Name
ALLSTATE AUTOMOTIVE INC



Principal Place of Business
**4360 N.W. 13 ST.
LAUDERHILL FL 33313**

Mailing Address
**4360 N.W. 13 ST.
LAUDERHILL FL 33313**



2. Principal Place of Business

3. Mailing Address

550 NW 27 AVE

550 NW 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11A

11A

City & State

FT LAUDERDALE FL

City & State

FT. LAUDERDALE FL

4. FEI Number

02-0552533

Applied For

Not Applicable

Zip

Country

33311

FLORIDA

Zip

Country

33311

FLORIDA

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

**BIRCH, BYFIELD
4360 N.W. 13 ST.
LAUDERHILL FL 33313**

Name

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

City

FL

Zip Code

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

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	P	<input type="checkbox"/> Delete
NAME	BIRCH, BYFIELD S	
STREET ADDRESS	4360 N.W. 13 ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **BIRCH, BYFIELD BIRCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-03 954-5851966

CR2E034 (10/02)