

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0293080 AV

DOCUMENT # P02000019919

1. Entity Name  
ALLIED CAPITAL INVESTMENTS, INC.



FILED

03 MAY -6 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
10591 S.W. 56TH TERR  
MIAMI FL 33173

Mailing Address  
10591 S.W. 56TH TERR  
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

5333 Collins Ave

5333 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1104

1104

City & State

City & State

M. Beach FL

M. Beach FL

Zip

Country

Zip

Country

33140

USA

33140

USA

4. FEI Number

51-0463819

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MORALES, CARMEN R  
10591 S.W. 56TH TERR  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

MANUEL GONZALEZ

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

5333 Collins Ave # 1104

City

M. Beach

FL

Zip Code

33140

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

TITLE PD  
NAME MORALES, CARMEN R  
STREET ADDRESS 10591 S.W. 56TH TERR  
CITY-ST-ZIP MIAMI FL 33173

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD. YENI CENCIO  
NAME 5333 COLLINS AVE #1104  
STREET ADDRESS M. Beach FL 33140  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)