

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90409 043 ***150.00

DOCUMENT # P03000073296

1. Entity Name
ALLIED UNIVERSAL HOLDING CORPORATION



Principal Place of Business
**3901 NW 115TH AVENUE
MIAMI, FL 33178**

Mailing Address
**3901 NW 115TH AVENUE
MIAMI, FL 33178**

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0068911

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERT NAMOFF
3901 NW 115 AVE
MIAMI, FL 33178**

**DO NOT WRITE
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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	NAMOFF, ROBERT M
STREET ADDRESS	3901 NW 115TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	NAMOFF, DAVID
STREET ADDRESS	3901 NW 115TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	EPSTEIN, ABBY
STREET ADDRESS	3901 NW 115TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VD
NAME	RUBIN, RONALD
STREET ADDRESS	3901 NW 115TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	PD
NAME	PALMER, JAMES W
STREET ADDRESS	3901 NW 115TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	TD
NAME	KOVEN, MICHAEL E
STREET ADDRESS	3901 NW 115TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33178

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/07