

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90006 002 ***550.00

DOCUMENT # P92000009896

1. Entity Name

TERRY ALLEN, INC.

Principal Place of Business

**181 NE 82ND STREET
 2ND FLOOR
 MIAMI FL 33138
 US**

Mailing Address

**181 NE 82ND STREET
 2ND FLOOR
 MIAMI FL 33138
 US**

2. Principal Place of Business

10275 COLLINS AVE.

3. Mailing Address

10275 COLLINS AVE

Suite, Apt. #, etc.

#1003

Suite, Apt. #, etc.

#1003

City & State

BAL HARBOR FL

City & State

BAL HARBOR FL

Zip

33154

Country

USA

Zip

33154

Country

USA

4. FEI Number

65-0391531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, TERRY
 1475 N E 121ST STREET C-305
 NORTH MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

ALLEN, TERRY

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

10275 COLLINS AVE

#1003

City

BAL HARBOR

FL

Zip Code

33154

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)



**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **ALLEN, TERRY**
 STREET ADDRESS **10850 SW 113 PLACE, STE 206**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **10275 COLLINS AVE #1003**
 CITY-ST-ZIP **BAL HARBOR FL 33154**

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

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

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

13. 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 11 or Block 12 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

9-7-01 305-865-9453

Date

Daytime Phone #

CR2E034 (5/01)