

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91896 004 ***150.00

0195470 AV

DOCUMENT # P94000028178

1. Entity Name
ALLISON COELHO, INC.



Principal Place of Business
**5140 PERIGNON WAY
CORAL SPRINGS FL 33067**

Mailing Address
**5140 PERIGNON WAY
CORAL SPRINGS FL 33067**

2. Principal Place of Business
7506 NW 42nd
Suite, Apt. #, etc.

3. Mailing Address
6797 NW 110 WAY
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
CORAL SPRINGS, FLORIDA
Zip
33065
Country
USA

City & State
PARKLAND, FLORIDA
Zip
33076
Country
USA

4. FEI Number **65-0483209**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COECHO, ALLISON
5140 PERIGNON WAY
CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent

Name
COELHO, ALLISON
Street Address (P.O. Box Number is Not Acceptable)
6797 NW 110 WAY
PARKLAND FL 33076

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 *Allison M Coelho* **ALLISON COELHO** **4/30/03**
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	D	<input type="checkbox"/> Delete
NAME	COELHO, ALLISON	
STREET ADDRESS	5140 PERIGNON WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COELHO, ALLISON	
STREET ADDRESS	6797 NW 110 WAY	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COELHO, VALDENIRO	
STREET ADDRESS	6797 NW 110 WAY	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Allison M Coelho* **SIGNATURE REQUIRED ALLISON COELHO** **4/30/03** **658-2252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)