

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90291 027 ***158.75

DOCUMENT # P94000037422

1. Entity Name
ALLSTATE SPECIAL SERVICES, INC.



Principal Place of Business
**385 45 AVENUE NE
NAPLES FL 34120
US**

Mailing Address
**385 45 AVENUE NE
NAPLES FL 34120
US**

2. Principal Place of Business
135 45 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
135 45 AVENUE
Suite, Apt. #, etc.

City & State
NAPLES

City & State
FLORIDA

4. FEI Number **65-0552568**

Applied For
Not Applicable

Zip Country
34120 COLLIER

Zip Country
34120 COLLIER

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

6. Name and Address of Current Registered Agent

**ALFARO, ZULIMA
5930 NW 191 TERRACE
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name **ZULIMA ALFARO**
Street Address (P.O. Box Number is Not Acceptable)
135 45 AVENUE
City **NAPLES** FL Zip Code **34120**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$450.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PM CHESLER, NORMAN 5930 NW 191 TERR MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALFARO, ZULIMA 5930 NW 191 TERR MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURINO, CHARLES J JR 3246 SW 23RD STREET MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROTHBERGER, ELLEN 1458 E 58TH STREET BROOKLYN NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALFARO, ZULIMA 5930 NW 191 TERR MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHESLER NORMAN 135 45 AVE NE NAPLES FL 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALFARO ZULIMA 135 45 AVE NE NAPLES FL 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZULIMA ALFARO 135 45 AVE NE NAPLES FL 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-03

Date

Daytime Phone #

CR2E034 (10/02)