

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90024 015 \*\*\*150.00

**DOCUMENT # P94000060914**

1. Entity Name

**ALLISON APARTMENTS - 4300, INC.**

Principal Place of Business

9350 S. DIXIE HWY.  
SUITE 900  
MIAMI FL 33156

Mailing Address-

9350 S. DIXIE HWY.  
SUITE 900  
MIAMI FL 33156-2945

2. Principal Place of Business

7520 Red Rd  
Suite, Apt. #, etc.  
SUITE G1

3. Mailing Address

7520 Red Rd  
Suite, Apt. #, etc.  
SUITE G1



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0517375

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

33143

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PUCK, ROBERT J  
9350 S. DIXIE HWY.  
SUITE 900  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

CLARA VALENCIA  
Street Address (P.O. Box Number is Not Acceptable)  
7520 Red Rd Suite G1

City

MIAMI FL Zip Code 33143

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

CLARA VALENCIA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-2000

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 BLANK, CATHY  
STREET ADDRESS 9350 S. DIXIE HWY., SUITE 900  
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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 Blank, Cathy  
STREET ADDRESS 9520 Red Rd Suite G1  
CITY-ST-ZIP MIAMI, FL 33143

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

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

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

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

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:

Cathy Blank JURED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-2000 3056639908