

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000094156****1. Entity Name**
ALROY, INC.**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90139 023 ***158.75

Principal Place of Business
11 ALSTON ROAD
PALM BEACH GARDENS FL 33418**Mailing Address**
11 ALSTON ROAD
PALM BEACH GARDENS FL 33418**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0647281**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****FISCH, RALPH**
11 ALSTON ROAD
PALM BEACH GARDENS FL 33418

Name

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

City

FL

Zip Code

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 \$150.00**
After MAY 1, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****T** ☐ Delete
MISHAAN, A. ROY
24 RABBITS RUN
PALM BEACH GARDENS FL 33418☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**S** ☐ Delete
MISHAAN, ALBERTO
2333 BRICKELL AVENUE APT 1901
MIAMI FL 33129☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VP** ☐ Delete
MISHAAN, SALOMON
2333 BRICKEL AVE.
MIAMI FL 33131☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**P** ☐ Delete
MISHAAN, SALOMON
10175 COLLINS AVE.
BAL HARBOUR FL 33180☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allan Roy Mishan

Date

1/9/01

Daytime Phone #

561-694-0080

CR2E034 (10/00)