

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035166

1. Entity Name

ALLSTATE BUILDING MAINTENENCE, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90030 031 ***150.00

Principal Place of Business

13899 BISCAYNE BLVD.
SUITE 404
MIAMI FL 33181
US

Mailing Address

13899 BISCAYNE BLVD.
SUITE 404
MIAMI FL 33181-1652
US

2. Principal Place of Business

16900 NE 19TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

16900 NE 19th AVENUE

Suite, Apt. #, etc.

City & State

N. MIAMI BCH, FL

Zip 33162

Country USA

City & State

N. MIAMI BCH, FL

Zip 33162

Country USA

4. FEI Number

65-0659071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIPSON, STUART A ESQ.
13899 BISCAYNE BLVD.
SUITE 404
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name

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

16900 NE 19TH AVENUE

City N. MIAMI BCH

FL

Zip Code 33162

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS PARRISH, DONNA H 13899 BISCAYNE BLVD, SUITE 404 MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRISH, SCOTT 13899 BISCAYNE BLVD MIAMI FL 33181	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PARRISH, DONNA H 16900 NE 19TH AVENUE N. MIAMI BCH, FL 33162	<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		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

DONNA H. PARRISH

4/27/00

(305) 947-3000

Date

Daytime Phone #

CR2E034 (9/99)