

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009938

1. Entity Name

ALLISON GILMAN, P.A.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90197 048 ***150.00

Principal Place of Business

Mailing Address

624 SOUTH ANDREWS AVENUE
SUITE 303N
FORT LAUDERDALE FL 33301

624 SOUTH ANDREWS AVENUE
SUITE 303N
FORT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

400 SE 9th Street
Suite, Apt. #, etc.

400 SE 9th Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Fort Lauderdale FL

Fort Lauderdale FL

4. FEI Number

65-0815256

Applied For

Not Applicable

Zip

Country

Zip

Country

33316

33316

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

LYNN, BRIAN
2 SOUTH UNIVERSITY DRIVE
PLANTATION FL 33024

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

TITLE ☐ Delete

NAME D
GILMAN, ALLISON
STREET ADDRESS 110 SOUTHEAST 6TH STREET #1601
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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
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

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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLISON GILMAN

Date

Daytime Phone #

1-17-01

CR2ED34 (10/00)