

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042587

1. Entity Name

ALLIANCE GROUP REAL ESTATE, CHARTERED

Principal Place of Business

Mailing Address

2500 SE MIDPORT RD., SUITE 103  
PORT ST. LUCIE FL 34952

2500 SE MIDPORT RD., SUITE 103  
PORT ST. LUCIE FL 34952-4812

2. Principal Place of Business

Alliance Group R.E.  
10570 So. US 1, Suite 204  
Port St. Lucie, FL 34952

3. Mailing Address

Alliance Group R.E.  
10570 So. US 1, Suite 204  
Port St. Lucie, FL 34952

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WEST, JANA  
2148 SE FLAGSTONE CT.  
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS WEST, JANA  
CITY-ST-ZIP 2148 SE FLAGSTONE CT.  
PORT ST. LUCIE FL 34952

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WEST, PAUL  
CITY-ST-ZIP 2148 SE FLAGSTONE CT.  
PORT ST. LUCIE FL 34952

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BIANCHINI, WENDY  
CITY-ST-ZIP 2502 SW ABATE ST.  
PORT ST. LUCIE FL 34953

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 PRESIDENT  
STREET ADDRESS BIANCHINI, WENDY  
CITY-ST-ZIP P.O. BOX 880533  
PORT ST. LUCIE, FL 34988

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90076 001 \*\*\*\*75.00

04-11-2000 90076 002 \*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0833122

Applied For

Not Applicable

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

CR2E034 (9/99)

4-4-2000 561-337-1850