

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084660

1. Entity Name

ALLEN & BLACKER, INC.

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90016 034 \*\*\*558.75

Principal Place of Business

701 BRICKELL AVE. STE 2080  
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE. STE 2080  
MIAMI FL 33131-2860

2. Principal Place of Business

1322 GARDEN ROAD

Suite, Apt. #, etc.

3. Mailing Address

1322 GARDEN ROAD

Suite, Apt. #, etc.

City & State

WESTON FL.

City & State

WESTON FL.

4. FEI Number

65-0868122

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLACKER, MICHAEL H  
701 BRICKELL AVE, STE 2080  
MIAMI FL 33131

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 P  
NAME ALLEN, PAUL  
STREET ADDRESS 25 ISLE OF VENICE DRIVE #1  
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE S  
NAME ALLEN, LISA  
STREET ADDRESS 25 ISLE OF VENICE DRIVE #1  
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

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 P ☒ Change ☐ Addition  
NAME ALLEN, PAUL  
STREET ADDRESS 1322 GARDEN ROAD  
CITY-ST-ZIP WESTON . FL 33326

TITLE S ☒ Change ☐ Addition  
NAME ALLEN, LISA  
STREET ADDRESS 1322 GARDEN ROAD  
CITY-ST-ZIP WESTON, FL. 33326

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PAUL ALLEN

Date

6/12/00 (954) 632 262

Daytime Phone #

CR2E034 (9/99)