

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90354 047 \*\*\*150.00

**80089353**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P98000088785</b>			
1. Entity Name <b>ALLIED PROJECT MANAGEMENT, INC.</b>			
Principal Place of Business <b>9359 AQUA VISTA BLVD BOYNTON BEACH FL 33437</b>		Mailing Address <b>9359 AQUA VISTA BLVD BOYNTON BEACH FL 33437</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ESTALELLA, RICHARD</b> <b>9359 AQUA VISTA BLVD.</b> <b>BOYNTON BEACH FL 33437</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD ESTALELLA, RICHARD 9359 AQUA VISTA BLVD. BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or empowered.			
SIGNATURE:		4/19/02 561-737-4371	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (9/01)