

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025929

1. Entity Name

ALLSTATE GROUP, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90125 021 ***150.00

Principal Place of Business

1918 HARRISON STREET
SUITE 115
HOLLYWOOD FL 33020

Mailing Address

1918 HARRISON STREET
SUITE 115
HOLLYWOOD FL 33020-5065

2. Principal Place of Business

1749 E Hallandale Bch Blvd

3. Mailing Address

1749 E Hallandale Bch Blvd

Suite, Apt. #, etc.

179

Suite, Apt. #, etc.

179

City & State

Hallandale, FL

City & State

Hallandale, FL

4. FEI Number

65-0905028

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

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

6. Name and Address of Current Registered Agent

LEVIN, ANTON
1918 HARRISON STREET
SUITE 115
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
Levin, Anton
Street Address (P.O. Box Number is Not Acceptable)
1749 E Hallandale Bch Blvd. #179
City Hallandale FL Zip Code 33009

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 *Anton Levin* Anton Levin

04/19/00

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
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

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
Levin, Anton
1749 E Hallandale Blvd. #179
Hallandale, FL 33009

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 empowered.

SIGNATURE: *Anton Levin* ANTON(LEVIN)

04/19/00

(954)927-7995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)