

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P990000 33356**

1. Entity Name

Allied Messenger Services, Inc.

Principal Place of Business

Mailing Address

**15399 SW 73rd Terrace Circle
#1
Miami, FL 33193.**

Same

2. Principal Place of Business

3. Mailing Address

**Allied Messenger Svc
Suite, Apt. #, etc.
#1**

**15399 SW 73rd Terr Cir
Suite, Apt. #, etc.
#1**

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33193

USA

33193

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-09104627

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

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!!! FEES \$150.00
After MAY 1, 2000 Fee will be \$250.00
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	President	<input type="checkbox"/> Delete
NAME	GALLO, LUIS E.	
STREET ADDRESS	15399 SW 73rd Terr Cir #1	
CITY-ST-ZIP	Miami, FL 33193	
TITLE	Vice Pres, Sec & Treasurer	<input type="checkbox"/> Delete
NAME	15399 SW 73rd Terr Cir #1	
STREET ADDRESS	Miami FL 33193	
CITY-ST-ZIP	#	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Luis E. Gallo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 527-5544

CR2E034 (9/99)