

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99000033545

1. Entity Name

Alison Enterprise inc.

Principal Place of Business

Lauderhill
Florida

Mailing Address

P O Box 190054
Ft. Lauderdale FL
33319-0054

2. Principal Place of Business

Lauderhill Florida

3. Mailing Address

P O Box 190054

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip
33319-0054

Country

U.S.A

Zip

33319-0054

Country

U.S.A

4. FEI Number

65-0908377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Ronald Allyson
4260 NW 26 St
Lauderhill FL 33313

7. Name and Address of New Registered Agent

Name Ronald Allyson

Street Address (P.O. Box Number is Not Acceptable)

4260 NW 26 St

City Lauderdale

FL

Zip Code

33313

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 President/Director ☐ Delete
NAME Ronald Allyson
STREET ADDRESS 4260 NW 26 St Lauderdale FL 33313
CITY-ST-ZIP

TITLE Vice President/Director ☐ Delete
NAME Jaycelyn Francis
STREET ADDRESS 4260 NW 26 St Lauderdale FL 33313
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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

CR2E034 (9/99)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90040 049 ***150.00

DO NOT WRITE IN THIS SPACE