

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035146

1. Entity Name

ALTEN & ALTEN, P.A.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90021 028 ***550.00

Principal Place of Business

2564 CARAMBOLA CIRCLE, NORTH
COCONUT CREEK FL 33066

Mailing Address

2564 CARAMBOLA CIRCLE, NORTH
COCONUT CREEK FL 33066

2. Principal Place of Business

7481 West Oakland Park Blvd

3. Mailing Address

7481 West Oakland Park Blvd

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

Lauderhill FL

City & State

Lauderhill FL

Zip

33319

Country

USA

Zip

33319

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0912853

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GHEORGE-ALTEN, DEBI
2564 CARAMBOLA CIRCLE, NORTH
COCONUT CREEK FL 33066

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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☐ Change ☐ Addition

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 of Debi George-Alten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00 954-748-6988
Date Daytime Phone #