

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90062 043 ***150.00

DOCUMENT # P99000037280

1. Entity Name

ALLIED TECHNOLOGY CORPORATION OF SOUTH FLORIDA

Principal Place of Business

Mailing Address

9965 MIRAMAR PARKWAY
 SUITE 117
 MIRAMAR FL 33025

9965 MIRAMAR PARKWAY
 SUITE 117
 MIRAMAR FL 33025-2398

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0913173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

JOE PIOTROWSKI

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

1638 PLUNKETT STREET

APT 10

City

HOLLYWOOD

FL

Zip Code

33020

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

Joseph F. Piotrowski **VICE PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **WILSON, MARC A**
 CITY-ST-ZIP **13101 SOUTHWEST 50TH ST.**
MIRAMAR FL 33025

TITLE ☒ Change ☐ Addition
 NAME **MARK**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VSD**
 STREET ADDRESS **PIOTROWSKI, JOSEPH F**
 CITY-ST-ZIP **1638 PLUNKETT STREET, APT. 10**
HOLLYWOOD FL 33020

TITLE ☐ Change ☒ Addition
 NAME **T**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **VTD**
 STREET ADDRESS **EDWARDS, KERRY**
 CITY-ST-ZIP **12178 ST. ANDREWS PLACE, APT. 206**
MIRAMAR FL 33025

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Joseph F. Piotrowski **JOSEPH F. PIOTROWSKI, VP**

3/1/00

DATE

984-925-3113

Daytime Phone #

CR2E034 (9/99)