

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90040 042 \*\*\*150.00

DOCUMENT # P99000069246

1. Entity Name

ALLES HOLDINGS, INC.

Principal Place of Business

Mailing Address

13900 NW 58TH COURT  
LAKES FL 33015

13900 NW 58TH COURT  
MIAMI LAKES FL 33014-3115

2. Principal Place of Business

13900 NW 58 Court

Suite, Apt. #, etc.

3. Mailing Address

PO Box 4277

Suite, Apt. #, etc.

City & State

Miami Lakes FL

Zip

33014

Country

USA

City & State

HALEAH FL

Zip

33014-0277

Country

USA

4. FEI Number

65-0949195

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN ESQ  
THERREL BAISDEN, P.A.  
SUNTRUST INT'L CENTER 1 SE 3RD AVE S#2400  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Martin Berman

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

1857 NW 127 Avenue

City

Pembroke Pines FL

Zip Code

33028

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

*Martin Berman*

Martin Berman - President

3-29-00

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	D	<input type="checkbox"/> Delete
NAME	BERMAN, MARTIN	
STREET ADDRESS	13900 NW 58TH COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERMAN, PHILIP	
STREET ADDRESS	13900 NW 58TH COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, ROBERT	
STREET ADDRESS	13900 NW 58TH COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERMAN, JOSHUA	
STREET ADDRESS	13900 NW 58TH COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Berman	
STREET ADDRESS	13900 NW 58 Court	
CITY-ST-ZIP	Miami Lakes FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Berman	
STREET ADDRESS	13900 NW 58 Court	
CITY-ST-ZIP	Miami Lakes FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sylvia Berman	
STREET ADDRESS	13900 NW 58 Court	
CITY-ST-ZIP	Miami Lakes FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

*Martin Berman*

Martin Berman

3-29-00

305-821-1570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #