

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90227 024 \*\*\*150.00

**DOCUMENT # P99000069246**

**1. Entity Name**  
**ALLES HOLDINGS, INC.**

**Principal Place of Business**

**13900 NW 58TH COURT**  
**MIAMI LAKES FL 33015**

**Mailing Address**

**PO BOX 4277**  
**HIALEAH FL 33014-0277**

**2. Principal Place of Business**

**7955 W 20 Avenue**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Hialeah FL**

**City & State**

**4. FEI Number**

**65-0949195**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**33014**

**USA**

**Zip**

**Country**

**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**

**BERMAN, MARTIN**

**1857 NW 127 AVENUE**

**HOLLYWOOD FL 33028**

**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** Martin Berman Martin Berman President 1/8/02

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, 2002 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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BERMAN, MARTIN</b>	
<b>STREET ADDRESS</b>	<b>13900 NW 58TH COURT</b>	
<b>CITY-ST-ZIP</b>	<b>HIALEAH FL 33014</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BERMAN, ROBERT</b>	
<b>STREET ADDRESS</b>	<b>13900 NW 58TH COURT</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI LAKES FL 33015</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BERMAN, SYLVIA</b>	
<b>STREET ADDRESS</b>	<b>13900 NW 58 COURT</b>	
<b>CITY-ST-ZIP</b>	<b>HIALEAH FL 33014</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Berman, Martin</b>	
<b>STREET ADDRESS</b>	<b>7955 W 20 Avenue</b>	
<b>CITY-ST-ZIP</b>	<b>Hialeah, FL 33014</b>	
<b>TITLE</b>	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Berman, Robert</b>	
<b>STREET ADDRESS</b>	<b>7955 W 20 Avenue</b>	
<b>CITY-ST-ZIP</b>	<b>Hialeah FL 33014</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Berman, Sylvia</b>	
<b>STREET ADDRESS</b>	<b>7955 W 20 Avenue</b>	
<b>CITY-ST-ZIP</b>	<b>Hialeah FL 33014</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 1/8/02 305-821-1570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)