

2000 UNIFORM BUSINESS REPORT (UBR)

7/

FILED
Aug 09, 2000 8:00 am
Secretary of State

07-19-2000 90024 006 ***550.00

DOCUMENT # P99000072523

1. Entity Name

RUSS ALLIE, INCORPORATED

Principal Place of Business

3653 COCO LAKE DR.
 COCONUT CREEK FL 33073

Mailing Address

3653 COCO LAKE DR.
 COCONUT CREEK FL 33073

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0939027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON-BRUCE, CLAIRE
3652 COCO LAKE DR.
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

GEORGE R. LOW

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

2206 NW 39th AVENUE

City

COCONUT CREEK

FL

Zip Code

33066

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

7/13/00

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 **D** ☐ Delete
 NAME **ALLIE, RUSS**
 STREET ADDRESS **3652 COCO LAKE DR.**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **D** ☒ Delete
 NAME **ROBERTSON-BRUCE, CLAIRE**
 STREET ADDRESS **5267 NW 39TH AVE.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **D.** ☐ Delete
 NAME **ALLIE, RICHARD S.**
 STREET ADDRESS **5232 PERRY RD., APT.#10**
 CITY-ST-ZIP **GRAND BLANC MI 48439**

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
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-2000
 Date

1-800 3889200
 Daytime Phone #

CR2E034 (5/00)