

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90135 037 ***150.00

DOCUMENT # V51617

1. Entity Name

Allied Building Services, Inc.

DO NOT WRITE IN THIS SPACE

639564

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12277 S.W. 55 St.

3. Mailing Address

12277 S.W. 55 St.

Suite, Apt. #, etc.

Ste. 911

Suite, Apt. #, etc.

911

City & State

Cooper City

City & State

Cooper City

Zip

33330

Country

Fla.

Zip

33330

Country

Fla.

4. FEI Number

65-0350098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rossi Jorge

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

12277 S.W. 55 St.

Cooper City

FL

Zip Code

33330

**DO NOT WRITE
IN THIS SPACE**

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

Jorge Rossi

Agent

4-15-02

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PD Rossi Jorge Same as above
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Rossi Nelly Same as Above
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jorge Rossi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

04-15-02 (954)2526648

Date

Daytime Phone #

CR2E034B (12/01)