

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90008 015 ***150.00

DOCUMENT # V52372

1. Entity Name

ALLAN STOLEE INC.

Principal Place of Business

Mailing Address

**P.O. BOX 2596
POMPAHO BEACH FL 33072-2596**

**P.O. BOX 2596
POMPAHO BEACH FL 33072-2596
US**

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

65-0387522

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

**STOLEE, ALLAN J
6278 N FEDERAL HIGHWAY
SUITE 450
FT LAUDERDALE FL 33308**

Name **STOLEE, ALLAN J.**
Street Address (P.O. Box Number is Not Allowed) **3240 NE 11th St, Suite 203**
POMPAHO BEACH FL 33062

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

ALLAN J. STOLEE

1-8-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	STOLEE, ALLAN			
	6278 N FEDERAL HWY #450			
	3240 NE 11th St # 203			
	FT LAUDERDALE FL			
	POMPAHO BEACH, FL 33062			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D			
	STOLEE, ALLAN			
	3240 NE 11th St # 203			
	POMPAHO BEACH, FL 33062			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLAN J. STOLEE

Date

Daytime Phone #

1-8-00

954-782-0654

CR2E034 (9/99)