

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17112

1. Entity Name

HOMEOWNERS ASSOCIATION OF ALLISON, INC.

Principal Place of Business
6525 ALLISON ROAD
MIAMI BEACH, FL 33141
US

Mailing Address
6525 ALLISON ROAD
MIAMI BEACH, FL 33141
US

FILED
May 30, 2001 8:00 am
Secretary of State
05-30-2001 90033 011 ****70.00

A0072240

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
65-0027637

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BELOFF, JONATHAN
6525 ALLISON ROAD
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELOFF, JONATHAN	
STREET ADDRESS	6525 ALLISON ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, ROBERT	
STREET ADDRESS	6360 ALLISON ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ISAAC, MATZ	
STREET ADDRESS	6550 ALLISON ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan D. Beloff, President 5/14/01 305-673-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)