

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91088 024 ****61.25

DOCUMENT # N17112

1. Entity Name

HOMEOWNERS ASSOCIATION OF ALLISON, INC.

Principal Place of Business

Mailing Address

6525 ALLISON RD.
 MIAMI BEACH FL 33141
 US

~~6525 ALLISON RD.~~
~~MIAMI BEACH FL 33141~~
 US

90054077

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33137

DADE

4. FEI Number

65-0027637

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

BELOFF, JONATHAN
 6525 ALLISON RD.
 MIAMI BEACH FL 33141

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 RD.	
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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 3/14/03 305-573-6440
 Date Daytime Phone #

CR2E037 (9/01)