

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015899

1. Entity Name
ASSOCIATED LANDS. CONSULTANTS INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90051 032 ***150.00

Principal Place of Business
~~57 KENILWORTH ROAD~~
~~RYE NY 10580~~
New address →
Mailing Address
~~57 KENILWORTH ROAD~~
~~RYE NY 10580~~
30 CARPENTERS BROOK RD
GREENWICH, CT 06831

2. Principal Place of Business
20 CARPENTERS BROOK RD
Suite, Apt. #, etc.
3. Mailing Address
20 CARPENTERS BROOK RD
Suite, Apt. #, etc.

City & State
Greenwich CT
City & State
Greenwich CT

Zip
06831
Country
Fairfield
Zip
06831
Country
Fairfield



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
Same
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 DATE Jan 23 2001
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is unable 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, 2001 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	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFREDO, JOSEPH A		NAME		
STREET ADDRESS	2921 SOUTH OCEAN BOULEVARD, SUITE 703		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: DATE 1/23/01 Daytime Phone # 561-272-9291
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (10/00)