

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90100 034 ***158.75

DOCUMENT # V47903
 1. Entity Name
ALLIED SPECIALTY CARE INC.

Principal Place of Business 6187 NW 167TH ST #H-2 MIAMI FL 33015	Mailing Address 6187 NW 167TH ST #H-2 MIAMI FL 33015
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip	Country	Zip	Country
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4. FEI Number **65-0351509**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MONIOUDIS, PERRY D ESQ.
235 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

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 *[Signature]*
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, MARIA D 7135 COLLINS AVE #1012 MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)