

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91196 023 ***158.75

DOCUMENT # **P00000054453**
1. Entity Name
ALL PRO TRAFFIC School, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19950 S.W 3RD PLACE
Suite, Apt. #, etc.

3. Mailing Address
19950 S.W 3RD PLACE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

Zip
33029-1251

Country
Broward

Zip
33029-1251

Country
Broward

4. FEI Number
65-1079958

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
EGUES ANTONIO

Street Address (P.O. Box Number is Not Acceptable)
19950 S.W 3RD PLACE

City
Pembroke Pines **FL** Zip Code
33029-1251

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)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D EGUES ANTONIO 19950 S.W 3RD PLACE Pembroke Pines, FL 33029-1251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T.D EGUES Lourdes 19950 S.W 3RD PLACE Pembroke Pines, FL 33029-1251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EGUES ANANARY 19950 S.W 3RD PLACE Pembroke Pines, FL 33029-1251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P.D. EGUES ANTONIO J 19950 S.W 3RD PLACE Pembroke Pines, FL 33029-1251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Rodriguez Maria L 5396 W 24 Ave Mialeah FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **05/26/02** **(954) 392-5515**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)