

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90049 009 ***150.00

DOCUMENT # P00000054453



1. Entity Name
ALL PRO TRAFFIC SCHOOL, INC.

Principal Place of Business
**19950 S.W. 3RD PLACE
PEMBROKE PINES FL 33029**

Mailing Address
**19950 S.W. 3RD PLACE
PEMBROKE PINES FL 33029**

JULIUS



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1079958**

Applied For
Not Applicable

Zip Country Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EGUES, ANTONIO
19950 S.W. 3RD PLACE
PEMBROKE PINES FL 33029**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	EGUES, ANTONIO	
STREET ADDRESS	19950 SW 3RD PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029-1251	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EGUES, LOURDES	
STREET ADDRESS	19950 SW 3RD PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029-1251	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGUES, ANAMARY	
STREET ADDRESS	19950 S.W. 3RD PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EGUES, ANTONIO J	
STREET ADDRESS	19950 S.W. 3RD PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029-1251	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARIA L	
STREET ADDRESS	5396 W. 24TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

NIEVES, ANAMARY Change Addition
**15569 MIAMI LAKEWAY NORTH #101
MIAMI LAKES FL 33014**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 **(305) 206-0739**
Day Daytime Phone #

CR2E034 (10/02)