

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000069031

1. Entity Name

ALL-PRO SALES & SERVICE, INC.

Principal Place of Business

9108 NW 105 WAY
MEDLEY FL 33178
US

Mailing Address

9108 NW 105 WAY
MEDLEY FL 33178
US

2. Principal Place of Business

4800 SW 51st St.

3. Mailing Address

4800 SW 51st St.

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

Country

33314-5537 BROWARD

Zip

Country

33314-5537 BROWARD

6. Name and Address of Current Registered Agent

KUSHNER, LES ESQ.

4000 HOLLYWOOD BLVD
STE 435S
HOLLYWOOD FL 33021

Name

TAYLOR, KEVIN ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1390 NORTH UNIVERSITY DRIVE

City

F. LAUDERDALE

FL

Zip Code

33322

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.

KEVIN J. Taylor

11-06-01

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE ☐ Delete
NAME P
DIVEROLI, OSCAR
STREET ADDRESS 1543 NW 182ND WAY
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Delete
NAME S
DIVEROLI, BONNIE SUE
STREET ADDRESS 1543 NW 182ND WAY
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Delete
NAME T
DIVEROLI, OSCAR
STREET ADDRESS 1543 NW 182ND WAY
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
DIVEROLI, OSCAR
STREET ADDRESS 4800 SW 51st St. #100
CITY-ST-ZIP DAVIE, FL 33314-5537

TITLE ☒ Change ☐ Addition
NAME SECRETARY
DIVEROLI, BONNIE SUE
STREET ADDRESS 4800 SW 51st St. #100
CITY-ST-ZIP DAVIE, FL 33314-5537

TITLE ☒ Change ☐ Addition
NAME TREASURER
DIVEROLI, OSCAR
STREET ADDRESS 4800 SW 51st St. #100
CITY-ST-ZIP DAVIE, FL 33314-5537

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
01 NOV 13 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

01

CR2E034 (5/01)