

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90002 015 ***150.00

A0080336

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000035885

1. Entity Name
ALL HOME IMPROVEMENTS, INC

Principal Place of Business Mailing Address
9146 NW 49th OUT 9146 NW 49th OUT
SUNRISE FL 33351 SUNRISE FL 33351

2. Principal Place of Business 3. Mailing Address
9146 NW 49th CT 9146 NW 49th CT

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
SUNRISE FL SUNRISE FL 050831796 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33351 USA 33351 USA \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Amerilawyer
343 Almeria Avenue
Coral Gables, FL 33134

Name **ALVIN LOWENSTEIN**
 Street Address (P.O. Box Number is Not Acceptable) **9146 N.W. 49th Ct.**
 City **SUNRISE** FL Zip Code **33351**

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 **Alvin L. Lowenstein** **ALVIN L. LOWENSTEIN** **PRESIDENT** **7/30/01**
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	PSTD LOWENSTEIN, ALVIN 9146 NW 49th OUT SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9146 NW 49th COURT SUNRISE FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **Alvin L. Lowenstein** **ALVIN LOWENSTEIN** **7/30/01** **954-742-3434**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment
0179800035888
A008036

**ALL HOME IMPROVEMENTS, INC.
9146 NORTHWEST 49TH COURT
SUNRISE, FLORIDA 33351**

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

July 30, 2001

RE: UNIFORM BUSINESS REPORT
ALL HOME IMPROVEMENTS, INC.
DOCUMENT # P98000035885
F.E.I.N. # 65-0831796


Dear Sir/Madam:

Please be advised that we did not receive the pre printed/original Uniform Business Report Packet for 2001 for the above-mentioned corporation.

Enclosed please find a check in the amount of \$150.00 for the original fee with the signed report.

Thank you for your cooperation in this matter.

Sincerely,



Alvin Lowenstein
President