

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/14/11

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90213 019 \*\*\*150.00

**DOCUMENT # P99000054242**

1. Entity Name  
**ALL MATERIAL TRANSPORT, INC.**

Principal Place of Business      Mailing Address

119 NW 81ST WAY      119 NW 81ST WAY  
 CORAL SPRINGS FL 33071      CORAL SPRINGS FL 33071-7526

2. Principal Place of Business      3. Mailing Address

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

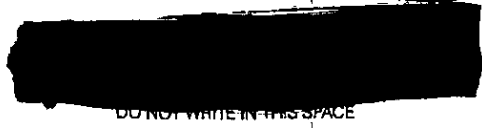
City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**65-0926735**

Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent

**DELPRETE, ROBERT J JR.**  
 119 NW 81ST WAY  
 CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name  
**ROBERT J. DELPRETE JR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**119 NW 81ST WAY**  
**CORAL SPRINGS FL 33071**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERT J. DELPRETE JR</b>	
STREET ADDRESS	<b>119 NW 81ST WAY</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FLA 33071</b>	
TITLE	<b>V.P.</b>	<input type="checkbox"/> Delete
NAME	<b>JDE ATTUASIO</b>	
STREET ADDRESS	<b>2020 W. MESA RD #112</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FLA 33309</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ DATE: **4/8/00** 954974-4002  
Signature and typed or printed name of Secretary, Officer or Director

CR2E034 (9/99)