

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90167 008 ***150.00

CR2E034 (9/01)

DOCUMENT # P99000054242

1. Entity Name
ALL MATERIAL TRANSPORT, INC.

Principal Place of Business Mailing Address
4101 NW 126TH AVE 4101 NW 126TH AVE
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065

2. Principal Place of Business 3. Mailing Address
4101 N.W. 124 AVE 4101 N.W. 124 AVE

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

City & State City & State
CORAL SPRINGS, FL CORAL SPRINGS, FL

Zip Country Zip Country
33065-7633 USA 33065-7633 USA

4. FEI Number 65-0926735 Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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
 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.

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	DELPRETE, ROBERT J	
STREET ADDRESS	2020 W MCNAB RD #112	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ATTENASIO, JOSEPH	
STREET ADDRESS	2020 W MCNAB RD #112	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELPRETE, ROBERT, JR	
STREET ADDRESS	119 NW 81 WAY	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATTENASIO, JOSEPH D.	
STREET ADDRESS	10419 NW 48 MANOR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
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		
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

4/10/02 904-255-1811
 Date Daytime Phone #