

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000095873

1. Entity Name  
ALL MANAGEMENT, CORP.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN 16 AM 9:25

Principal Place of Business Mailing Address  
16754 Golfview Dr.  
Weston, FL 33324

2. Principal Place of Business 3. Mailing Address  
16754 Golfview Dr.  
Suite, Apt. #, etc.

City & State Zip Country  
Weston FL

4. FEI Number Applied For  
65-0958917 Not Applicable

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

6. Name and Address of Current Registered Agent  
PATRICIA E. PICCO  
16754 GOLFVIEW DR.  
WESTON, FL 33324

7. Name and Address of New Registered Agent  
Name PATRICIA E. PICCO  
Street Address (P.O. Box Number is Not Acceptable)  
16754 GOLFVIEW DR.  
City WESTON FL Zip Code 33324

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 PATRICIA PICCO  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 11/06/00

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D PICCO, PATRICIA E. 16754 GOLFVIEW DR. WESTON, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: PATRICIA PICCO-OLIVALL-06-00 954-385-8504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

All Management  
16754 Golfview Dr.  
Weston, FL 33326

(2)

12-9-00

To: Florida Department of State


Dear Sirs:

I called yesterday and the lady suggested that I write this letter and send it with my payment.

This is my first year in business and did not know when I was supposed to pay my corporation. I never received the First Annual Report. This is the first time I see the Renewal Form for my corporation and it comes with a fee of \$750.00. I can not afford this amount, it will put my new small business out of business the very first year. Please accept the payment of \$150.00 which is the amount I was supposed to pay initially.

Thank you for all the help you can give me to maintain my little business alive.

Sincerely

  
PATRICIA OLIVA

If need any other information  
FAX N° 954-893-8455