

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90008 001 ***150.00

DOCUMENT # M95830

1. Entity Name

ALL STATE FENCE, INC. ✓

Principal Place of Business: 12030 S.W. 77 TERRACE, MIAMI, FL 33183
 Mailing Address: 12030 S.W. 77 TERRACE, MIAMI, FL 33183-3764

A0035150

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number: 65-0072009 Applied For: Not Applicable

Zip Country Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VICTORES, MONICA
 12030 S.W. 77 TERRACE
 MIAMI, FL 33183

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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 title 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. (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: P	<input type="checkbox"/> Delete
NAME: VICTORES, DIDIO	
STREET ADDRESS: 12030 S.W. 77 TERRACE	
CITY-ST-ZIP: MIAMI, FL 33183	
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:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

TITLE: Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Frank Sodope	
STREET ADDRESS: 621 Tamiami Blvd.	
CITY-ST-ZIP: Miami - Fla. 33144	
TITLE: Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Guillermo Diaz Victores	
STREET ADDRESS: 6375 S.W. 27 ST.	
CITY-ST-ZIP: Miami - Fla. 33155	
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: Didio Victores - President 3/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)