

2001 UNIFORM BUSINESS REPORT (UBR)

5/2/

FILED
May 24, 2001 8:00 am
Secretary of State

05-02-2001 90022 004 ***150.00

DOCUMENT # P00000064931

1. Entity Name

AROUND THE CLOCK BAIL BONDS, INC.

Principal Place of Business

Mailing Address

1575 NW 14 ST.
 MIAMI FL 33125

1575 NW 14 ST.
 MIAMI FL 33125

5534

Principal Place of Business

Mailing Address

1000 N.W. 14th Street

1000 N.W. 14th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Miami, Florida

City & State
 Miami, Florida

4. FEI Number

05-1096246

Applied For

Not Applicable

Zip Country
 33136-2105

Zip Country
 33136-2105

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAIBISCH, RUSSELL C
 1575 NW 14 ST.
 MIAMI FL 33125

Name

Street Address (P.O. Box Number is Not Acceptable)
 1000 NW 14th St.

City
 Miami

FL

Zip Code
 33136

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

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

P.D.
 Faibisch, Charles
 1000 N.W. 14th Street
 Miami, Florida 33136

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

4/25/01

305-381-7043

Date

Daytime Phone #