

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90120 033 ***150.00

DOCUMENT # P00000108193			
1. Entity Name ALL MAINTENANCE & REPAIRS INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 100 LINCOLN ROAD Suite, Apt. #, etc. SUITE 618 City & State MIAMI BEACH FL Zip 33139		3. Mailing Address 100 LINCOLN ROAD Suite, Apt. #, etc. SUITE 618 City & State MIAMI BEACH FL Zip 33139	
		4. FEI Number 65-1064070	
		Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name RAUL HEREDIA			
Street Address (P.O. Box Number is Not Acceptable) 100 LINCOLN ROAD			
SUITE 618			
City MIAMI BEACH FL Zip Code 33139			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
P, D RAUL HEREDIA 100 LINCOLN ROAD 618 MIAMI BEACH FL 33139			
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		04-09-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)