


Amended

09-15-2003 90153 008 \*\*\*\*\*61.25  
FILED M95830

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

03 SEP 17 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M95830 1. Entity Name ALL STATE FENCE, INC.	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 12030 SW 77 TERRACE Suite, Apt. #, etc.	3. Mailing Address 12030 SW 77 TERRACE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-0072009	Applied For Not Applicable
Zip 33183	Country	Zip 33183	Country

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	VICTORES, MONICA
Street Address (P.O. Box Number is Not Acceptable)	12030 SW 77 TERRACE
City	MIAMI
State	FL
Zip Code	33183

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) 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.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICTORES, DIDIO 12030 SW 77 TERRACE MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SODOPE, FRANK 621 TAMiami BLVD. MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VICTORES, GUILLERMO D 6375 SW 27 STREET MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 files empowered.

SIGNATURE: [Signature] 9/2/2003 305-274-1902  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)