2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

Mar 03, 2002 8:00 am § Secretary of State 516550 DOCUMENT # 1. Entity Name 03-03-2002 90070 027 ***150.00 ALL SEASONS SERVICES, INC. Principal Place of Business Mailing Address 3600 HACIENDA BLVD 3600 HACIENDA BLVD DAVIE FL 33314 DAVIE FL 33314 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1724810 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3801 N. E. 207TH STREET, #1403 **AVENTURA FL 33180** Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MILLER, ROBERT 3801 N E 207TH ST, #1403 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP AVENTURA FL Change ☐ Addition ☐ Delete TITLE TITLE NAME MILLER, CAROLE STREET ADDRESS STREET ADDRESS 3801 NE 207TH ST. #1403 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL ☐ Change __ ☐ Addition VP~ ---Delete ---TITLE TITLE TO NAME NAME MILLER, LEE STREET ADDRESS STREET ADDRESS 9624 SOUTHERN PINES CT CITY-ST-ZIP CITY-ST-ZIP DAVIE FL Addition ☐ Change TITLE Delete TITLE NAME NAME MILLER, JANE STREET ADDRESS STREET ADDRESS 3801 NE 207TH ST, #1403 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL** ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Daytime Phone #