

1/11

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-18-2001 90023 021 ***150.00

DOCUMENT # G77229

1. Entity Name

ALL ABOARD, INC.

Principal Place of Business

6425 NW 107th Ter
 4441 NW 70TH AVE.
 LAUDERHILL FL 33319

Mailing Address

6425 NW 107th Ter
 4441 NW 70TH AVE.
 LAUDERHILL FL 33319

2. Principal Office

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-2361156**

App. and For

Not Applicable

Zip

Country

Zip

Country

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

HORN, MYRLE
 4441 NW 70TH AVE.
 LAUDERHILL FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*MYRLE HORN**Myrle Horn*

Signature typed or printed name of registered agent and local application

(Do Not Register Agent Signature Without Notarizing)

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

TITLE **P** ☐ Delete
 NAME **HORN, MYRLE**
 STREET ADDRESS **4441 NW 70TH AVE.**
 CITY-ST-ZIP **LAUDERHILL FL**

TITLE **T** ☐ Delete
 NAME **HORN, MARTIN**
 STREET ADDRESS **4441 NW 70TH AVE.**
 CITY-ST-ZIP **LAUDERHILL FL**

TITLE **V** ☐ Delete
 NAME **HORN, MERRICK**
 STREET ADDRESS **10901 N.W. 2ND AVE.**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **S** ☐ Delete
 NAME **LAZAROS, MARLA HORN**
 STREET ADDRESS **2891 MEADOWOOD DR.**
 CITY-ST-ZIP **WESTON FL 33332**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **HORN, MYRLE**
 STREET ADDRESS **6425 N.W. 107th Terrace**
 CITY-ST-ZIP **PARKLAND, FL 33076**

TITLE ☒ Change ☐ Addition
 NAME **HORN, MARTIN**
 STREET ADDRESS **6425 N.W. 107th Terrace**
 CITY-ST-ZIP **PARKLAND, FL 33076**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **LAZAROS**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(c), 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 empowerments.

SIGNATURE:

Myrle Horn Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

954-255-9466

CR2E034 (10-00)