

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L59624

1. Entity Name

ALL TUNE, INC.

Principal Place of Business

ALL TUNE AND LUBE

N/A
MIRAMAR FL 33027
US

Mailing Address

3851 SW 139TH AVE
MIRAMAR FL 33027
US

2. Principal Place of Business

ALL TUNE + LUBE

Suite, Apt. #, etc.

12602 PINES BLVD

Pembroke Pines, FL

Zip

33027

Country

US

3. Mailing Address

Suite, Apt. #, etc.

14144 WELLINGTON TRACE

City & State

WELLINGTON, FL

Zip

33414

Country

US

6. Name and Address of Current Registered Agent

MILTON, LEON P. JR.
3851 S.W. 139 AVENUE
C.B. #258
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name
MILTON, LEON P. JR.
Street Address (P.O. Box Number is Not Acceptable)

14144 WELLINGTON TRACE

City
WELLINGTON

FL

Zip Code

33414

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
P
MILTON, LEON P. JR.
STREET ADDRESS
12023 SW 15 ST
CITY-ST-ZIP
PEMBROKE PINES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P
MILTON, LEON P. JR.
STREET ADDRESS
14144 WELLINGTON TRACE
CITY-ST-ZIP
WELLINGTON, FL 33414 ☒ Change ☐ Addition

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

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

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

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

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00

Date

954-436-8863

Daytime Phone #

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90008 034 ***550.00

00100001



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0180788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (5/00)