

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90003 009 ***150.00

DOCUMENT # M23685

1. Entity Name
ALL INVESTIGATIONS, INCORPORATED

Principal Place of Business

**1 NE 2ND AVE
 SUITE 200
 MIAMI FL 33132
 US**

Mailing Address

**8280 SW 139TH TERR
 MIAMI FL 33158
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2645352**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FUENTES, ALBERTO
 8280 SW 139TH TERR
 MIAMI FL 33158**

7. Name and Address of New Registered Agent

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

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!
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 **PD** ☐ Delete
 NAME **FUENTES, ALBERTO**
 STREET ADDRESS **8280 SW 139TH TERR**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 is 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: R DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

All

INVESTIGATIONS, INC.

THE WHITE BUILDING • SUITE 200
ONE NORTHEAST 2ND AVENUE
MIAMI, FLORIDA 33132

Attachment
661292

Document # M23685

Al Fuentes
President

Office: (305) 539-9009
Phone/Fax: (305) 278-2328 24 hrs.
Pager: (305) 886-9094

To whom it may concern,

Please be advised that this was an oversight by my office. As you can see this was originally signed and dated on 1-30-01.

I would ask you to please except this, and humbly ask for your pardon in this matter.

Sincerely,
Al Fuentes