2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M30706

PADIN, GILBERTO

SIGNATURE

4200 S.W. 3RD STREET **MIAMI FL 33134**

indicated on this report or supplemental report is true and accurate and the of the corporation or the receiver or trusted empowered to execute this report is true and accurate and the corporation or the receiver or trusted empowered to execute this report is true and accurate and the corporation or the receiver or trusted empowered to execute this report is true and accurate and the corporation or the receiver or trusted empowered to execute the corporation of the corporation or the receiver or trusted empowered to execute the corporation of the corporation or the receiver or trusted empowered to execute the corporation or the receiver or trusted empowered to execute the corporation or the receiver or trusted empowered to execute the corporation of the corporation or the receiver or trusted empowered to execute the corporation of the corporation or the receiver or trusted empowered to execute the corporation of the corporation of

changed, or on an attachment with an

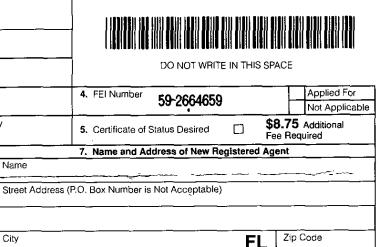
SIGNATURE:

ALL U.S.A. INSURANCE AGENCY, INC.

Mailing Address Principal Place of Business 4200 S.W. 3RD STREET 4200 S.W. 3RD STREET MIAMI FL 33134 MIAMI FL 33134-1710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. City & State City & State Country Zip Country 6. Name and Address of Current Registered Agent

FILED Jan 29, 2000 8:00 am Secretary of State

01-29-2000 90001 044 ***150.00



ame appears in Block 11 or Block 12 if

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD ☐ Change ☐ Delete TITLE TITLE PADIN, GILBERTO NAME NAME STREET ADDRESS **4200 SW 3 STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE PADIN, MARIA NAME NAME STREET ADDRESS STREET ADDRESS **4200 SW 3 STREET** CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition | ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS ITY-ST-ZIP the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my hame appears in Block 11 or Block 12 i 13. I hereby certify that the information supplied with this filing does not qualify for

Name

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.