

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90036 018 ***150.00

DOCUMENT # M36477

1. Entity Name

ALL MY FRIENDS, INC.

Principal Place of Business

7565 W. 20TH AVE
 HIALEAH FL 33014

Mailing Address

C/O F. NEWMAN
 66 WEST FLAGLER STREET #700
 MIAMI FL 33130

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 **59-2838398**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, FRANKLIN D
66 WEST FLAGLER STREET #700
MIAMI FL 33130

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!!! 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** Delete
 NAME **BRIDGES, CHARLES**
 STREET ADDRESS **7565 W. 20TH AVE**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **PTSD** Change Addition
 NAME **BRIDGES, CHARLES**
 STREET ADDRESS **7565 W. 20TH AVE**
 CITY-ST-ZIP **HIALEAH, FL. 33014**

TITLE ~~VTD~~ Delete
 NAME **RODRIGUEZ, JOSE R**
 STREET ADDRESS **7565 WEST 20 AVENUE**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **D** Change Addition
 NAME **RODRIGUEZ, JOSE R**
 STREET ADDRESS **497 NW 31 STREET**
 CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 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)(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: *Charles Bridges* **CHARLES BRIDGES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

305-558-2221

Daytime Phone #

CR2E034 (10/00)