

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M49958

1. Entity Name

ALL TRUST R.E., INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90067 021 ***150.00

Principal Place of Business

Mailing Address

~~7455 COLLINS AVE~~ **960 ARTHUR GODFREY** ~~STE 209~~ **STE 402** ~~MIAMI BEACH FL 33140~~ **ROAD** ~~US~~ **MIAMI BEACH FL 33139-4358**
US

2. Principal Place of Business

3. Mailing Address

960 ARTHUR GODFREY RD
Suite, Apt. #, etc.
402

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH, FL

4. FEI Number **59-2814396**

Applied For

Not Applicable

Zip

Country

Zip

Country

33140 **MIAMI-DADE**

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

BERTAK, IVAN V.
1250 WEST AVE APT 71
MIAMI BEACH FL 33139

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, 2000 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 ☐ Delete
NAME **PD**
STREET ADDRESS **BERTAK, IVAN V.**
CITY-ST-ZIP **1250 WEST AVE APT 71**
MIAMI BCH FL

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **KVAJIC, MIRJANA M.**
CITY-ST-ZIP **4101 PINE TREE DR #809**
MIAMI BCH FL 33140

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
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2000 **305-531-2669**

CR20034 10/001