

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90335 001 \*\*\*150.00  
 05-06-2000 90335 002 \*\*\*\*\*8.75

**DOCUMENT # M97775**  
 1. Entity Name  
**ALLCONCEPT, INC.**

Principal Place of Business 1717 N BAYSHORE DR STE 114 MIAMI FL 33132 US	Mailing Address 1717 N BAYSHORE DR STE 114 MIAMI FL 33132-1196 US
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2. Principal Place of Business 1717 North Bayshore Dr. Suite, Apt. #, etc. Suite 208 City & State Miami, Florida	3. Mailing Address 1717 North Bayshore Dr. Suite, Apt. #, etc. Suite 208 City & State Miami, Florida
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DO NOT WRITE IN THIS SPACE

Zip 33132	Country USA	Zip 33132	Country USA
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4. FEI Number 65-0198447	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**S & K PROPERTY MANAGEMENT INC**  
 1717 N BAYSHORE DR  
 STE 114  
 MIAMI FL 33132

7. Name and Address of New Registered Agent  
 Name  
**S&K Property Management, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1717 North Bayshore Dr.  
 Suite 208  
 City  
 Miami FL Zip Code  
 33132

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 *Lidia Cartaya* 4/27/00 Lidia Cartaya, Vice President  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCKREUS, GERTI 1717 N BAYSHORE DR, SUITE 114 MIAMI FL 33132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV CARTAYA, LIDIA 1717 N BAYSHORE DR, SUITE 114 MIAMI FL 33132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Buckreus, Gerti 1717 N Bayshore Dr., Suite 208 Miami, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV Cartaya, Lidia 1717 N. Bayshore Dr., Suite 208 Miami, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lidia Cartaya* Vice President 4/27/00 305 577-3885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)