

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90172 040 ***150.00

DOCUMENT # P00000020406

1. Entity Name
ALL SERVICE FOR YOU INC.

Principal Place of Business

Mailing Address

**16401 GOLF CLUB RD.
 BUILDING 8 #203
 WESTON FL 33326**

**16401 GOLF CLUB RD.
 BUILDING 8 #203
 WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

8960 SW 87th

8960 SW 87th

Suite, Apt. #, etc. **Suite**

Suite, Apt. #, etc.

#7

Suite #7

City & State
Miami FL

City & State
Miami FL

Zip
33176

Country

Zip
33176

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0988908

Applied For

Not Applicable

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

**SANCHEZ, HELENA
 16401 GOLF CLUB RD.
 BUILDING 8 #203
 WESTON FL 33326**

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: ☐

**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 **D** ☐ Delete
 NAME **SANCHEZ, HELENA**
 STREET ADDRESS **16401 GOLF CLUB RD. BLDG. 8 #203**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **M** ☐ Change ☒ Addition
 NAME **Zhandra H. Marin**
 STREET ADDRESS **10965 SW 172 Terr.**
 CITY-ST-ZIP **Miami FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

(305) 2716707

Daytime Phone #

CR2E034 (10/00)