

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90259 031 ***150.00

DOCUMENT # P00000025521

1. Entity Name
FRM ALL SERVICES, INC.

Principal Place of Business
3832 COCOPLUM CIR.
COCONUT CREEK FL 33063

Mailing Address
3832 COCOPLUM CIR.
COCONUT CREEK FL 33063

361420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2570 NW 99 Ave.

3. Mailing Address
2570 NW 99 Ave.

Suite, Apt. #, etc.
Coral Springs FL 33065

Suite, Apt. #, etc.

City & State
Coral Springs, FL.

4. FEI Number **65-0989755**

Applied For
 Not Applicable

Zip

Country

Zip

Country

Broward

33065

Broward

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCGONIGLE, JAMES T
6221 BANYAN TERR.
PLANTATION FL 33317

7. Name and Address of New Registered Agent

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, 2002 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 **D** ☐ Delete
 NAME **ROSALES, FERNANDO**
 STREET ADDRESS **3832 COCOPLUM CIR.**
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **D** ☐ Delete
 NAME **COBO, FLORENCIA**
 STREET ADDRESS **3832 COCOPLUM CIR.**
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Rosales Fernando**
 STREET ADDRESS **2570 NW 99 Ave.**
 CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE ☒ Change ☐ Addition
 NAME **Florencia Cobo**
 STREET ADDRESS **2570 NW 99 Ave.**
 CITY-ST-ZIP **Coral Springs, FL 33065**

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

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

TITLE ☐ Change ☐ Addition
 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:

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

4/25/02
 Date

954-575-9612
 Daytime Phone #

CR2E034 (9/01)