FILED Apr 11, 2003 8:00 am Secretary of State

Applied For

\$8.75 Additional

Zip Code

\$5.00 May Be

Added to Fees

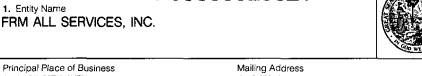
Fee Required

Not Applicable

04-11-2003 90081 007 ***150.00

DOCUMENT #

FRM ALL SERVICES, INC.





Principal Place of Business 2570 NW 99TH AVENUE 2570 NW 99TH AVENUE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State 65-0989755 Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCGONIGLE, JAMES T Street Address (P.O. Box Number is Not Acceptable) 6221 BANYAN TERR. PLANTATION FL 33317 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTOR	IS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11
TITLE NAME Street Address City-St-Zip	D ROSALES, FERNANDO 2570 NW 99TH AVENUE CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBO, FLORENCIA 2570 NW 99TH AVENUE CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
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12. 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 of justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment v

TITLE

NAME

STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition