

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91777 011 \*\*\*150.00

**DOCUMENT # P00000042329**

1. Entity Name  
**ALL IN ONE CARPENTRY CONTRACTORS, INC.**

Principal Place of Business

5630 GARFIELD STREET  
 HOLLYWOOD HOUSE  
 HOLLYWOOD FL 33021

Mailing Address

5630 GARFIELD STREET  
 HOLLYWOOD HOUSE  
 HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5630 GARFIELD ST

Suite, Apt. #, etc.

Hollywood

City & State

Hollywood FL

Zip

33021

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1004764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PARENT, BRUCE  
 5630 GARFIELD STREET  
 HOLLYWOOD FL 33021

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 NAME STREET ADDRESS CITY-ST-ZIP

BRUCE PARENT 5630 GARFIELD ST HOLLYWOOD FL 33021

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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☐ 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:

*Bruce Parent*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02 954 983 4788  
 Date Daytime Phone #

CR2E034 (9/01)