

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90054 024 \*\*\*150.00

**DOCUMENT # P00000046024**

1. Entity Name  
**ALL FUSSION, CORP.**

Principal Place of Business  
**10714 SW 190 ST**  
**MIAMI FL 33157**

Mailing Address  
**10714 SW 190 ST**  
**MIAMI FL 33157**

2. Principal Place of Business  
**17880 S. DIXIE HWY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**17880 S. DIXIE HWY.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**65-1007011**

Applied For  
 Not Applicable

Zip  
**33157**

Country  
**DADE**

Zip  
**33157**

Country  
**DADE**

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**

**ESPINA, SERGIO**  
**10714 SW 190 ST**  
**MIAMI FL 33157**

Name **MARCOS OLARTE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17880 S. DIXIE HWY**  
 City **MIAMI FL** Zip Code **33157**

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 *Marcos Olarte*  
Signature, typed or printed name of registered agent and title if applicable.

**4-23-01**  
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESPINA, SERGIO</b> <b>2451 BRICKELL AVE</b> <b>MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANCHEZ, MIGUEL A</b> <b>6608 SANTONA ST</b> <b>CORAL GABLES FL 33146</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROMERO, CARLOS M</b> <b>6608 SANTONA ST</b> <b>CORAL GABLES FL 33146</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAZAPO, MARIELA</b> <b>4346 SW 147TH CT</b> <b>MIAMI FL 33185</b>	<input checked="" 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	<b>DPST</b> <b>MARCOS OLARTE</b> <b>17880 S. DIXIE HWY</b> <b>MIAMI, FL. 33157</b>	<input type="checkbox"/> Change <input checked="" 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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: *Marcos Olarte* **President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-01**  
Date

Daytime Phone #