

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046024

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

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

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

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.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33157

Country

DADE

Zip

33157

Country

DADE

4. FEI Number

65-1007011

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

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

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, 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	<input checked="" type="checkbox"/> Delete
NAME	ESPINA, SERGIO	
STREET ADDRESS	2451 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, MIGUEL A	
STREET ADDRESS	6608 SANTONA ST	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROMERO, CARLOS M	
STREET ADDRESS	6608 SANTONA ST	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAZAPO, MARIELA	
STREET ADDRESS	4346 SW 147TH CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCOS OLARTE	
STREET ADDRESS	17880 S. DIXIE HWY	
CITY-ST-ZIP	MIAMI, FL. 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)