

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90098 023 \*\*\*150.00

**DOCUMENT # P00000056293**

1. Entity Name  
**ALL KENDALL TRAFFIC SCHOOL, INC.**



Principal Place of Business  
**15435 SW 137TH AVE  
MIAMI FL 33177  
US**

Mailing Address  
**15435 SW 137TH AVE  
MIAMI FL 33177  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1015989**

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

**ROSALES, ANA  
15443 SW 137TH AVE.  
MIAMI FL 33177**

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. 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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **PESCHIERA, GONALO**  
STREET ADDRESS **13425 SW 151 TR**  
CITY-ST-ZIP **MIAMI FL 33186**  
*correct*

TITLE **owner** ☒ Change ☐ Addition  
NAME **GONZALO PESCHIERA**  
STREET ADDRESS **13425 SW 151 TERRACE**  
CITY-ST-ZIP **MIAMI - FL - 33186**

TITLE **VP** ☒ Delete  
NAME **PROCHEVA, GONZALO**  
STREET ADDRESS **13425 SW 151 TR**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **President** ☐ Change ☒ Addition  
NAME **MARIA-M. PESCHIERA**  
STREET ADDRESS **13425 SW 151 TERRACE**  
CITY-ST-ZIP **MIAMI, FL - 33186**

TITLE **S** ☒ Delete  
NAME **RUIZ, ROCO**  
STREET ADDRESS **13402 SW 153 ST UNIT 1904**  
CITY-ST-ZIP **MIAMI FL 33177**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 or trustee 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 with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mr. Peschiera 1/21/03 (305) 278-7113*

CR2E034 (10/02)