

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067093

1. Entity Name

ALL IN ONE MARINE, INC.

FILED

02 APR 18 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13822 SW 142ND AVENUE  
MIAMI FL 33186

13822 SW 142ND AVENUE  
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

13806 SW 139ct

13806 SW 139ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami, FL

Miami, FL

4. FEI Number

65-1023715

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

AYALA, JORGE  
13822 SW 142ND AVENUE  
MIAMI FL 33186

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.

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

3. 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 PSD  
NAME AYALA, JORGE  
STREET ADDRESS 13822 SW 142ND AVENUE  
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE PSD  
NAME Ayala, JORGE  
STREET ADDRESS 13806 SW 139ct  
CITY-ST-ZIP Miami, FL 33186

☒ Change ☐ Addition

TITLE VTD  
NAME AYALA, ROBERTO  
STREET ADDRESS 13822 SW 142ND AVENUE  
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE VTD  
NAME Ayala, Roberto  
STREET ADDRESS 13806 SW 139ct  
CITY-ST-ZIP Miami, FL 33186

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Jorge Ayala*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/02

CR2001 110/001