

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90035 045 ***150.00

DOCUMENT # P00000071128

1. Entity Name ~~ALL CLINICAL TRIALS, INC.~~ **ALL CLINICAL TRIALS, INC.**

TYPO

TM ✓

Principal Place of Business

~~1405 OAKFIELD DRIVE~~
~~SUITE 127~~
 BRANDON FL 33511

Mailing Address

1466 OAKFIELD DRIVE
~~SUITE 127~~
 BRANDON FL 33511

80018056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ALL CLINICAL TRIALS
 Suite, Apt. #, etc.
1466 OAKFIELD DRIVE

3. Mailing Address

1466 OAKFIELD DRIVE
 Suite, Apt. #, etc.

City & State

BRANDON FL

City & State

BRANDON FL

4. FEI Number

59-3661144

Applied For

Not Applicable

Zip

Country

33511

Zip

Country

33511

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VERA, ANDRE A.
1466 OAKFIELD DRIVE
BRANDON FL 33511

7. Name and Address of New Registered Agent

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

Andre A. Vera

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-02

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 **PSTD** ☐ Delete
 NAME **VERA, ANDRE A**
 STREET ADDRESS **1466 OAKFIELD DRIVE SUITE 127**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Change ☐ Addition
 NAME **VERA, ANDRE A**
 STREET ADDRESS **1466 OAKFIELD DRIVE**
 CITY-ST-ZIP **BRANDON FL 33511**

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

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

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

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

TITLE ☐ Change ☐ 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: *Andre A. Vera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-02

CR2E034 (9/01)