

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 22 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000075957  
1. Entity Name  
ALL IN ONE JOBS LATIN  
AMERICAN, INC.

Principal Place of Business Mailing Address  
17100 COLLINS AVENUE # 224 17100 COLLINS AVENUE  
# 224  
NORTH MIAMI BEACH, FL 33160 North miami Beach, FL  
33160

2. Principal Place of Business 3. Mailing Address  
2125 NW 1 CT. 2125 NW 1 CT.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
MIAMI, FLORIDA MIAMI, FLORIDA  
Zip Country Zip Country  
33127 USA 33127 USA

4. FEI Number ☒ Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
SANDRA CLAVIJO  
17100 COLLINS AVENUE # 224  
North miami Beach, FL 33160

7. Name and Address of New Registered Agent  
Name DANIEL PEÑA  
Street Address (P.O., Box Number, is Not Acceptable)  
2125 NW 1 CT.  
City MIAMI FL Zip Code 33127

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 Daniel Peña DATE 09/05/02  
Signature, typed or printed name of registered agent and title if applicable. (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! FEES \$150.00  
After May 1, 2002 fee will be \$500.00  
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA MORAN		NAME	DANIEL PEÑA	
STREET ADDRESS	17100 COLLINS AVENUE # 224		STREET ADDRESS	2125 NW 1 CT.	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	MIAMI, FLORIDA 33127	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA CLAVIJO		NAME	800008500008--3	
STREET ADDRESS	17100 COLLINS AVENUE # 224		STREET ADDRESS	-10/22/02--01011--002	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	****150.00 ****150.00	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	800008500008--3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIQUE BARON		NAME	-10/22/02--01011--003	
STREET ADDRESS	17100 COLLINS AVENUE # 224		STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: Daniel Peña DATE: 09/05/02  
SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
Dr. # P00000075957

September 06, 2002

Uniform Business Report Filings  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: 2002 Uniform Business Report Filing re  
Corporation: All In One Jobs Latin American, Inc.  
Document #: P00000075957

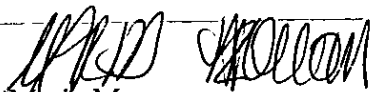
Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00 for 2002 Uniform Business Report.

The filing fee is in the amount of \$150.00, as our office did not receive notice of filing requirements prior to the May 1, 2002 deadline and has never received any notifications before. Our company was not aware of this yearly procedure. After speaking with an officer in your division, we were instructed to have the corporation pay the \$ 150.00 filing fee and request that the late fee be waived for failure to receive notice. Our corporation is making such a request at this time. This is the first and only time this request is being made.

Please contact us if there are any problems, or if anything else is required of us. Thank you in advance for your cooperation.

Sincerely,



Maria Moran  
President