

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-06-2002 90172 007 ***150.00

DOCUMENT # **P000000091742** ✓
1. Entity Name
ALL FLORIDA COURIER OF AMERICA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 660454
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 660454
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Springs, FL.
Zip
33266 Country
U.S.A.

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4. FEI Number
65-1065146
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CARLA MARTILOTTI
Street Address (P.O. Box Number is Not Acceptable)
6933 NW 173 DRIVE
Suite 205
City
Miami Lakes FL Zip Code
33015

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]** **DIRECTOR** DATE **4-25-02**
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARLA MARTILOTTI 6933 NW 173 DRIVE, #205 Miami Lakes, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with or without, like empowered.

SIGNATURE: **[Signature]** **CARLA MARTILOTTI** DATE **4-25-02** DAYTIME PHONE # **305-586-4115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)