2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000097617**

1. Entity Name
ALL PROTECTION INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
2994 N.W. 55TH AVENUE	2994 N.W. 55TH AVENUE
LAUDERHILL FL	LAUDERHILL FL
33312	33312

2. Principal Place of Business	3. Mailing Address
2994 N.W. 55TH AVENUE	2994 N.W. 55TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERHILL FL	City & State: LAUDERHILL FL
Zip: 33313 — Country:	Zip: 33313 — Country:

DO NOT WRITE IN THIS SPACE

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

DURLUS THOMAS
2994 N.W. 55TH AVENUE
LAUDERHILL FL
33312

7. Name and Address of New Registered Agent

Name: DORLUS THOMAS
Street Address (P.O. Box Number is Not Acceptable): 2994 N.W. 55TH AVENUE
City: LAUDERHILL — FL — Zip Code: 33313

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 THOMAS DORLUS — 08/17/2001
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 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

TITLE	D	☐ Delete
NAME	DURLUS THOMAS	
STREET ADDRESS	2994 N.W. 55TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33312	
TITLE	D	☐ Delete
NAME	LOUISSAINT SONUEL	
STREET ADDRESS	2994 N.W. 55TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33312	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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: SONUEL LOUISSAINT — V PR — 08/17/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #