

2006

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90442 020 \*\*\*150.00

DOCUMENT # *PO: 0000108193*

1. Entity Name

*ALL MAINTENANCE & REPAIR, INC*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1025 CASTILLE AVE*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

*CORAL GABLES, FL*

City &amp; State

Zip

*33134*

Country

Zip

Country

4. FEI Number

*80-0069474*

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

*RAUL HEREDIA*

Street Address (P.O. Box Number is Not Acceptable)

*1025 CASTILLE AVE*

City

*CORAL GABLES*

FL

Zip Code

*33134*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*PRES.  
HEREDIA, RAUL  
1025 CASTILLE AVE  
CORAL GABLES, FL 33134*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/21/06*

CR2E034B (12/02)