

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90060 028 ***150.00

DOCUMENT # P01000002800

1. Entity Name

ALL-BRITE, INC.

Principal Place of Business

407 LINCOLN ROAD
 SUITE 5-B
 MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD
 SUITE 5-B
 MIAMI BEACH FL 33139

2. Principal Place of Business

19740 S.W. 103 Court
 Suite, Apt. #, etc.
 103

3. Mailing Address

19740 S.W. 103 Court
 Suite, Apt. #, etc.
 103

City & State

Miami, Fla.

City & State

Miami, Fla.

4. FEI Number

65-1065119

Applied For

Not Applicable

Zip

33157

Country

U.S.A.

Zip

33157

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

BRITO, LUIS G
 407 LINCOLN ROAD
 SUITE 5-B
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name Enrique Casabo
 Street Address (P.O. Box Number is Not Acceptable)
 19740 S.W. 103 Ct. Apt #103
 City Miami FL Zip Code 33157

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: E. Casabo

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-02

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	PD	<input type="checkbox"/> Delete
NAME	FIGUEROA, JULIE A	
STREET ADDRESS	19740 SW 103 CT. #103	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CASABO, ENRIQUE	
STREET ADDRESS	19740 SW 103 CT. #103	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: E. Casabo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 305-363-9672

Date

Daytime Phone #

CR2E034 (9/01)