

2002 UNIFORM BUSINESS REPORT (UBR)

REJECTED

09-12-2002 90067 045 ***150.00
FILED P01000017973

02 OCT 17 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BUI100001



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000017973

1. Entity Name
DOITALLBIZ-INC.

Principal Place of Business
15105 NW 77TH AVE., STE. 305
MIAMI LAKES FL 33014

Mailing Address
15105 NW 77TH AVE., STE. 305
MIAMI LAKES FL 33014

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number
65 1077312

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
DUPREE, GERALD E
15105 NW 77TH AVE., STE. 305
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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]* **9/9/02**
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D DUPREE, MILES E 20260 NW 2ND ST. PEMBROKE PINES FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dupree, Miles E 1029 SW 122 Ave Pembroke Pines FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUDJA, JOSE 420 NW 199TH AVE. PEMBROKE PINES FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400008450794 10/18/02--01059--006 **400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPREE, GERALD E 1070 NE 204TH TERR NORTH MIAMI LAKES FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *[Signature]* **9/9/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)