

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90156 041 \*\*\*150.00

**DOCUMENT # P01000025409**

1. Entity Name  
**ALL ABOUT STORAGE, INC.**

Principal Place of Business  
**9485 SUNSET DR STE A-295**  
**MIAMI FL 33173**

Mailing Address  
**9485 SUNSET DR STE A-295**  
**MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KUPFER, PAUL H~~  
~~1700 UNIVERSITY DR #110~~  
~~CORAL SPRINGS FL 33071~~

*OK*  
*C. G.*  
**Kupfer, Paul H**  
**1700 University**  
**Drive #110**  
**Coral Springs FL**  
**33071**

*Requester 3/6/02 See SS4 Copy*  
 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.

SIGNATURE: \_\_\_\_\_  
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Colin H. Garcia Pres.* 2/4/02 (305) 6302886  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment # PO1000025409

Form **SS-4**

(Rev. December 1995)

Department of the Treasury

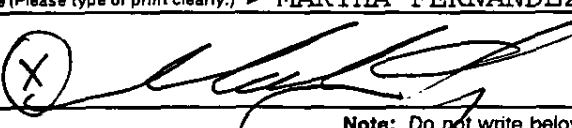
Internal Revenue Service

**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

1 Name of applicant (Legal name) (See instructions.) <b>ALL ABOUT STORAGE, INC.</b>				
2 Trade name of business (if different from name in line 1)		3 Executor, trustee, "care of" name		
4a Mailing address (street address) (room, apt., or suite no.) <b>9485 SUNSET DRIVE, SUITE A-295</b>		5a Business address, (if different from address in lines 4a and 4b)		
4b City, state, and ZIP code <b>MIAMI, FL 33173</b>		5b City, state, and ZIP code		
6 County and State where principal business is located <b>MIAMI DADE, FLORIDA</b>				
7 Name of principal officer, general partner, grantor, owner, or trustor-SSN required (See instructions.) ▶ <b>CARLOS M. GARCIA, SS# 266-08-9243</b>				
8a Type of entity (Check only one box.) (See instructions.)				
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input checked="" type="checkbox"/> Other corporation (specify) <b>S-CORP</b> <input type="checkbox"/> Trust <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative (enter GEN if applicable)		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <b>FLORIDA</b>		Foreign country <b>N/A</b>
9 Reason for applying (Check only one box.)				
<input checked="" type="checkbox"/> Started new business (specify) ▶ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Banking purpose (specify) ▶		<input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Other (specify) ▶		
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>01/01/02</b>		11 Closing month of accounting year (See instructions.) <b>12</b>		
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶				
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." (See instructions.) ▶		Nonagricultural <b>0</b>	Agricultural <b>0</b>	Household <b>0</b>
14 Principal activity (See instructions.) ▶ <b>RENTAL STORAGE SPACE</b>				
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶				
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> N/A				
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.				
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.				
Legal name ▶		Trade name ▶		
17c Approximate date when city and state where the application was filed. Enter previous employer identification number if known.				
Approximate date when filed (Mo., day, year)		City, and state where filed		Previous EIN
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.				Business telephone number (include area code) <b>(305) 275-0003</b>
Name and title (Please type or print clearly.) ▶ <b>MARTHA FERNANDEZ Secretary</b>				Fax telephone number (include area code)
Signature ▶ 				Date ▶ <b>3/2/02</b>
Note: Do not write below this line. For official use only.				
Please leave blank ▶	Geo.	Ind.	Class	Size
Reason for applying				

Attachment # PO10000 2540c

Form **2848**  
(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service

(Rev)

# Power of Attorney and Declaration of Representative

► For Paperwork Reduction and Privacy Act Notice, see the instructions.

OMB No. 1545-0150

**For IRS Use Only**

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part I** Power of Attorney (Please type or print.)**1 Taxpayer Information** (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer name(s) and address

ALL ABOUT STORAGE, INC.  
9485 SUNSET DRIVE, SUITE A-295  
MIAMI FK 33173

Social security number(s)

Daytime telephone number

(305) 275-0003

Employer identification

number

SSN Attached

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** (Representative(s) must sign and date this form on page 2, Part II.)

Name and address

ROLANDO E. LEIVA, CPA PA  
7400 S.W. 50TH TERRACE, SUITE 302  
MIAMI, FL 33155-4481

Name and address

Name and address

CAF No. 650560872R

Telephone No. (305) 663-1511

Fax No. (305) 663-3350

Check if new: Address ☐ Telephone No. ☐

CAF No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address ☐ Telephone No. ☐

CAF No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address ☐ Telephone No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

**3 Tax Matters**

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
APPLICATION FOR EMP ID #	SS-4	
APPLICATION FOR S-CORP	2553	

**4 Specific Use Not Recorded on Centralized Authorization File (CAF).** - If the power of attorney is for a specific use not recorded on CAF, check this box. (See Line 4-Specific uses not recorded on CAF on page 3.) ☐

**5 Acts Authorized.** - The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see Line 5-Acts authorized on page 4).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_

**Note:** In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

**Note:** The tax matters partner/person of a partnership or S corporation is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

**6 Receipt of Refund Checks.** - If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ► \_\_\_\_\_