

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000028123****1. Entity Name**
LABOR ALL, INC.

FILED

02 OCT 15 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Principal Place of Business**
2426 MARLEY COURT
ORLANDO FL 32837**Mailing Address**
2426 MARLEY COURT
ORLANDO FL 32837**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

651090512

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MATTHEWS, CORINTHIA L**
1045 N.E. 203RD TERRACE
MIAMI FL 33179

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.

SIGNATURE

Elizabth Edwards

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

(NOTE: Registered Agent signature required when reinstating)

9/30/02

DATE

9. This corporation is eligible to satisfy its IntangibleTax 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	DIP	<input type="checkbox"/> Delete
STREET ADDRESS	EDWARDS, ELIJAH	
CITY-ST-ZIP	13875 N W 26TH AVE #1 OPA-LOCKA FL 33054	

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

TITLE NAME	DIP	<input type="checkbox"/> Delete
STREET ADDRESS	MATTHEWS, CORINTHIA L	
CITY-ST-ZIP	1045 N.E. 203RD TERRACE MIAMI FL 33179	

TITLE NAME	DIVP/S/T/C/M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CORINTHIA L. MATTHEWS	Same
CITY-ST-ZIP	2426 MARLEY CT Orlando, FL 32837	

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

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

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

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

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STREET ADDRESS		
CITY-ST-ZIP		

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

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Elizabth Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/02

CR2E034 (9/01)