

5/21

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91228 024 \*\*\*150.00

**DOCUMENT # P01000039453****1. Entity Name**  
**ALL STATE CARRIERS INC.****Principal Place of Business**  
16764 NE 2 AVE  
NORTH MIAMI BEACH FL 33162**Mailing Address**  
16764 NE 2 AVE  
NORTH MIAMI BEACH FL 33162**2. Principal Place of Business**  
17440 NW 2nd ave  
Suite, Apt. #, etc.**3. Mailing Address**  
17440 NW 2nd ave  
Suite, Apt. #, etc.**City & State**  
Miami FL  
**Zip**  
33169  
**Country****City & State**  
Miami FL  
**Zip**  
33169  
**Country****4. FEI Number**  
65-1104541**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**• PURCELL, MONICA  
16764 NE 2 AVE  
N MIAMI BEACH FL 33162**7. Name and Address of New Registered Agent****Name** Raymond Hemmings  
**Street Address (P.O. Box Number is Not Acceptable)** 1225 W. 28th St.  
**City** Riviera Beach **FL** **Zip Code** 33404**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** *Raymond Hemmings*  
Signature, typed or printed name of registered agent and title if applicable.(NOTE: Registered Agent signature required when reinstating)**DATE** 07-17-02**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.****11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	PURCELL, MONICA	
<b>STREET ADDRESS</b>	25 NW 151 ST	
<b>CITY-ST-ZIP</b>	N MIAMI FL 33169	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	HEMMINGS, CLIVE	
<b>STREET ADDRESS</b>	17800 NE 8 AVE	
<b>CITY-ST-ZIP</b>	N MIAMI BEACH FL 33162	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	CLIVE Hemmings	
<b>STREET ADDRESS</b>	17440 NW 2nd ave	
<b>CITY-ST-ZIP</b>	Miami, FL 33169	
<b>TITLE</b>	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Raymond Hemmings	
<b>STREET ADDRESS</b>	1225 W. 28th St.	
<b>CITY-ST-ZIP</b>	Riviera Beach, FL 33404	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****Date****Daytime Phone #**

CR2E034 (9/01)