2002	2 UNIFORM BUS!	NESS REPOR	T (UBR)		•	05-2 8- 2002	90708 036 *	**150.00
	MENT # P01000	0052680					P0100005268	
I. Entity Nam ΔΙΙ SΔΙ Ε	ES ENTERPRISES, INC.				FILED			
	10 ENTERN 1110E0; 1110.			020	CT 28 PH 1	2: 29		
Principal Plac	e of Business	Mailing Address		SF C	RETARY OF S AHASSEE, FI	141.		
4007 N FEDE	· · · - · ;	4007 N FEDERAL HWY	•	TALL	AHASSEE, FI	ALV A		
ft Lauderd/	ALE FL 33308	FT LAUDERDALE FL 33308					-	•
			<u> </u>		`	`-		
2. Principal F 나이드	Place of Business Lensing Ton Circle	3. Mailing Address, 4856 KENSII	19Ton CI	rle				
Suite, Apt.		Suite, Apt. #, etc.	, =		D	O NOT WRITE IN	THIS SPACE	
City & Stat	18 SOCIOGN FC	Coral Social	, FL	1	I. FEL Number	\%3.x2	——————————————————————————————————————	oplied For
<u>ወ </u>	Sp(1/19)		Courtoy(A	-	5. Certificate of Statu		\$8.75 Ad	
٠ <u>٠</u> ٠٠	-8. Name and Address of Current Re	adistared Agents	(/)//		. Name and Addres		Fee Require	ed
			Name"			,		
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE				ess (P C) Box Number is No	Acceptable)	· · · ·	·
CORAL G	,					,		
			City	-,			FL Zip Cog	de, -
3. The above	named entity submits this statement of the	he purpose of changing its reg	istered office or re	gistered	agent, or both, in the	State of Florida.		-
SIGNATURE	Sar Jell					य प्र	42	
SIGNATURE	Signature, typed or arinted name of registered agent and	title if applicable. (NOTE: Re	gistered Agent signature	odvired who	en reinstating)		TE	
	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! i	FEE IS \$150.00	00		empaign Financing		00 May Be
	ria on back)	Make Check Payable			Trust Fund	Contribution.	□ Ådde	d to Fees
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VAME	GELLER, JAN	. Delete	NAME					
STREET ADDRESS City-St-Zip	4007 N FEDERAL HWY FT LAUDERDALE FL 33308	'	STREET ADDRESS CITY-ST-ZIP					
TITLE	VSD	☐ Delete	TITLE	-			☐ Change	Addition
IAME Treet address	GELLER, LINDA 1 4007 N FEDERAL HWY		NAMÉ STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33308		CITY-ST-ZIP					
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TTY-ST-ZIP		·	CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	
ITLE		☐ Delete	TITLE			,	☐ Change	☐ Addition
iame Treet address		·	NAME Street address			•		
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AME		. Delete	NAME				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			•		
	I certify that the information supplied with the	is filling does not qualify for the		in Section	on 119.07(3)(i), Florid	a Ștatutes. I furthe	r certify that the in	nformation
indicated of the cor changed,	certify that the information supplied with the on this report or supplemental report is true proration or the receiver or trustee empower or on an attachment with an address, with the supplement with an address.	ue and acqurate and that my s even to execute this report as r if a pther like empowered.	ignature shall have equired by Chapte	r 607, Fl	ne legal effect as if m orida Statutes; and t	ade under oath; th nat my name appe	at I am an officer ars in Block 11 o	or director r Block 12 if
	GO CONTRACTOR OF	A TOPE	<u> </u>		4hak	7. 05	49hV 1	174
SIGNAT		ITED HAME OF SIGNING OFFICER OR O	14		עועניון	V 7)	17011	<u>/</u>

SIGNATURE:

2052

All Sales Enterprises, Inc. 4856 Kensington Circle Coral Springs, FL 33076

October 23, 2002

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

I never received a letter that was sent to my office dated June 2^{nd} . My corporation name is All Sales Enterprises, Inc. and my FEI number is 65-1108383. I am also sending you a copy of a check that I mailed that was cashed by your office...

Please reinstate my corporation..

Thank You,

Jain Gellei President

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