

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90106 043 ***150.00

DOCUMENT # P01000055890

1. Entity Name
ALL-IN-ONE INVESTMENTS CORP.

Principal Place of Business

25 SE 2 AVE STE 220
MIAMI FL 33131

Mailing Address

25 SE 2 AVE STE 220
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 S.E., 2ND AVENUE, #1200
 Suite, Apt. #, etc.
#1200

3. Mailing Address

150 SE 2ND AVENUE, #1200
 Suite, Apt. #, etc.
#1200

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number

65-1122627

Applied For

Not Applicable

Zip
33131

Country
U.S.

Zip
33131

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BORIS ROSEN CPA
25 SE 2 AVE STE 220
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

BORIS ROSEN

Street Address (P.O. Box Number is Not Acceptable)

150 SE 2ND AVENUE, #1200

City **MIAMI**

FL

Zip Code
33131

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GELBSPAN, GABRIEL**
 CITY-ST-ZIP **25 SE 2 AVE STE 220**
MIAMI FL 33131

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GELBSPAN, ALICIA SARA A**
 CITY-ST-ZIP **25 SE 2 AVE STE 220**
MIAMI FL 33131

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **150 SE 2ND AVENUE, #1200**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **150 SE 2ND AVENUE, #1200**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABRIEL GELBSPAN

305-374-2001

Date

Daytime Phone #

CR2E034 (9/01)