

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-27-2002 90034 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000064662

1. Entity Name

ALL-PRO CONTRACTING GROUP INC.

Principal Place of Business

2111 SW 60 WAY
 MIRAMAR FL 33023

Mailing Address

2111 SW 60 WAY
 MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

PO BOX 471614

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

4. FEI Number

65-1124383

Applied For

Not Applicable

Zip

Country

Zip

Country

33247

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

ALCAN CORPORATE MANAGEMENT AND CONSULTING
 2111 SW 60 WAY
 MIRAMAR FL 33023

Name J. Falu

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

2111 SW 60 Way

City Miramar

FL

Zip Code 33023

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

J. Falu

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

(NOTE: Registered Agent signature required when reinstating)

3/15/02

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 D
 NAME FALU, J O ☒ Delete
 STREET ADDRESS 2111 SW 60 WAY
 CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 D ☒ Change ☐ Addition
 NAME FALU, J
 STREET ADDRESS 2111 SW 60 Way
 CITY-ST-ZIP Miramar FL 33023

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

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

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 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 807, 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:

J. Falu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Daytime Phone #

CR2E034 (9/01)