

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90359 012 \*\*\*158.75

003328 AV

**DOCUMENT # P01000066810**

1. Entity Name

ALL SERVICES INTERNATIONAL INC.



Principal Place of Business

12270 ROYAL PALM BLVD  
CORAL SPRINGS FL 33065

Mailing Address

12270 ROYAL PALM BLVD  
CORAL SPRINGS FL 33065

2. Principal Place of Business

1620 SW 4th Ave

Suite, Apt. #, etc.

3. Mailing Address

1620 SW 4th Ave

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-1127134

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MONTEMAYOR, HALEY

12270 ROYAL PALM BLVD

CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Montemayor, Haley

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

1620 SW 4th Ave

City

Pompano Beach,

FL

Zip Code

33060

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-17-03

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME MONTEMAYOR, HALEY  
STREET ADDRESS 12270 ROYAL PALM BLVD  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME Montemayor, Haley ☒ Change ☐ Addition  
STREET ADDRESS 1620 SW 4th Ave  
CITY-ST-ZIP Pompano Beach, FL 33060

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-03 954-788-0114

Date

Daytime Phone #

CR2E034 (4/03)