

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90017 007 ***150.00

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DOCUMENT # P01000120430

1. Entity Name

ALL AROUND MANAGEMENT CORP.

Principal Place of Business

**5221 SW 87 AVE
 MIAMI FL 33165**

Mailing Address

**5221 SW 87 AVE
 MIAMI FL 33165**

2. Principal Place of Business

2500 NW 107th AVE

3. Mailing Address

2500 NW 107th AVE

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

304

City & State

MIAMI FL

City & State

MIAMI

Zip

33172

Country

DADA

Zip

33172

Country

DADA

4. FEI Number

65-1159085

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TRIMO, JAMILET
 5221 SW 87 AVE
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 date 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 **PD** ☐ Delete
 NAME **TRIMINO, JAMILET**
 STREET ADDRESS **5221 SW 87 AVE**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **SD** ☐ Delete
 NAME **TRIMINO, MIRTHA**
 STREET ADDRESS **5221 SW 87 AVE**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VD** ☐ Delete
 NAME **TRIMINO, EDUARDO**
 STREET ADDRESS **5221 SW 87 AVE**
 CITY-ST-ZIP **MIAMI FL 33165**

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

305-436-8968

Daytime Phone #

CR2E034 (9/01)