2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000099232 **DOCUMENT #**

1. Entity Name

ALL AROUND TRANSPORTATION INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90268 018 ***150.00

	COND MANOFORTATION, IN	10.					
2268 NORT	ace of Business HWEST 158TH AVENUE PINES FL 33028	Mailing Address 2268 NORTHWEST 158T PEMBROKE PINES FL 3:					
2. Principal	Place of Business	2 hadiina Adda	- ,. ,				
	The second secon	3. Mailing Address			r coertene litt merte lidit matti antil antil antil	48 0 94010 (4810 (50	## 1111#
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKI	NG CHANGE	S
City & Sta	ate	City & State	· · · · · · · · · · · · · · · · · · ·	4.	FEI Number		Applied For
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 A	Not Applicable dditional
	6. Name and Address of Current R	egistered Agent	 		Name and Address of New Registere	Fee Requir	ed
		<u> </u>	Name			d Agent	
1	& UTRERA, P.A.				chael A. Papale (P.O. Box Number is Not Acceptable)		
1	/ 22ND ST.		Gireet P	<u> </u>	NW 158 Aven	ب	
4TH FLO							
MIAMI FL	. 33145		City -	2	Re Pines F	Zip Co	de 28
8. The above	e named entity submits this statement for	the purpose of changing its	registered office o	r registered a	gent or both in the State of Florida La	n familiar with	,028
the obliga	ations of registered agent.		G		gord, or board in the otate of Florida. Fall	ii iaitiillat Willi	, and accept
SIGNATURE		<u> </u>	700	crel	Michael Papal	e Resid	SAL to
<u>-></u>	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	E: Registered Agent signal	ure required when r	reinstating) DATE		<u></u>
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing	¢E (00
Make Chec	k Payable to Florida Department of S	State			Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND D		11.		L DDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	OC IN 44
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TITLE	VD						
NAME	, ·•	X 0-1-1-	CITY-ST-ZIP				
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12. I hereby certify that the information supplied with this filling 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: