

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90141 003 ***150.00

DOCUMENT # P02000104438

1. Entity Name
ALL USA CONTRACTORS, INC.



Principal Place of Business
20 WINTER RIDGE CIRCLE
ORLANDO FL 32835

Mailing Address
20 WINTER RIDGE CIRCLE
ORLANDO FL 32835

2. Principal Place of Business

7345 Sand Lk. Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

220

Suite, Apt. #, etc.

City & State

Orlando, FL 32819

City & State

Zip

32819

Country

U.S.A.

Zip

Country

4. FEI Number

76-0716352

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PROFESSIONAL ACCOUNTANTS & CONSULTANTS, INC
6955 HANGING MOSS ROAD
SUITE 106
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name

Diego Diaz

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

2962 Spring Heather Pl

City Oviedo

FL

Zip Code
32766

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]

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

(NOTE: Registered Agent signature required when reinstating)

2/28/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP | PTD DIAZ, DIEGO 20 WINTER RIDGE CIRCLE ORLANDO FL 32835 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP,D CASTRO, CARMEN 20 WINTER RIDGE CIRCLE ORLANDO FL 32835 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S,D CASTRO, SONIA 20 WINTER RIDGE CIRCLE ORLANDO FL 32835 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD Diaz, Diego 2962 Spring Heather Pl. Oviedo, Fl. 32766 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Castro, Carmen 2962 Spring Heather Pl. Oviedo, Fl. 32766 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S.D. Francisco Rivera 2962 Spring Heather Pl. Oviedo, Fl. 32766 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03 407-

Date

Daytime Phone #

CR2E034 (10/02)