

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018196

1. Entity Name
A1 PALLETS DEPOT INC.

Principal Place of Business

3320 NW 35TH AVE
MIAMI FL 33142
US

Mailing Address

3320 NW 35TH AVE
MIAMI FL 33142
US

2. Principal Place of Business

4403 NW 36TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 52-4431

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip

33142

Country

U.S.A.

City & State
MIAMI FL

Zip

33152-4431

Country

U.S.A.

4. FEI Number 65-0393258

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONDONO, CARLOS O
13666 SW 117TH LANE
MIAMI FL 33186

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. The 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LONDONO, CARLOS O
13666 SW 117TH LANE
MIAMI FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

JAN-04-2002 305-6383588

Date

Daytime Phone #

0241787 AV/

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE