

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080812

1. Entity Name

ALL AMERICAN BUS LINE, INC.

Principal Place of Business

3845 NW 35 AVE
MIAMI FL 33142
US

Mailing Address

3845 NW 35 AVE
MIAMI FL 33142-5023
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0450279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MARIA R
3845 NW 35 AVE
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name GONZALEZ, DESIDERIO

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

3845 NW 35 AVE

City MIAMI

FL

Zip Code 33142

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 x [Signature] (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, 2000 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 DP ☒ Delete
NAME GONZALEZ, MARIA R
STREET ADDRESS 3845 NW 35 AVE
CITY-ST-ZIP MIAMI FL 33142

TITLE --- ☐ Delete
NAME ---
STREET ADDRESS ---
CITY-ST-ZIP ---

TITLE --- ☐ Delete
NAME ---
STREET ADDRESS ---
CITY-ST-ZIP ---

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 DP ☐ Change ☒ Addition
NAME GONZALEZ, DESIDERIO
STREET ADDRESS 3845 NW 35 AVE
CITY-ST-ZIP MIAMI FL 33142

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

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

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

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

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: x [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90094 048 ***150.00

00000000



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)