

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085894

1. Entity Name

ALL BUYING COMPANY

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90005 036 ***550.00

Principal Place of Business

8538 NW 70TH ST.
MIAMI FL 33166
US

Mailing Address

8538 NW 70TH ST.
MIAMI FL 33166-2652
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0458546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARED, HANNA S
8538 NW 70TH ST.
MIAMI FL 33166

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. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	STRIEM, HENRY L	
STREET ADDRESS	5125 S.W. 74 TERR.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DE STRIEM, MARGARITA	
STREET ADDRESS	5125 S.W. 74 TERR.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BARED, HANNA S	
STREET ADDRESS	5125 S.W. 74 TERR.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HENRIQUEZ, HUMBERTO	
STREET ADDRESS	2898 N.W. 79 AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Hanna S Bared 6/27/00 (305) 715 9464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)