

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025109

1. Entity Name

ALL EQUIPMENTS SERVICES INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90013 005 ***150.00

Principal Place of Business

7209 SW 24 ST
205
MIAMI FL 33155
US

Mailing Address

3469 S.W. 112TH COURT
MIAMI FL 33165-3438

800000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7209 SW 24st
Suite, Apt. #, etc.

3. Mailing Address

7209 SW 24st
Suite, Apt. #, etc.

City & State

Miami, Fla

City & State

Miami Fla

4. FEI Number

65-0479054

Applied For

Not Applicable

Zip

33155

Country

Dade.

Zip

33155

Country

Dade.

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

BENGOCHEA, ALBERTO
3469 S.W. 112TH COURT
MIAMI FL 33165

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, type 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BENGOCHEA, ALBERTO
3469 S.W. 112TH CT.
MIAMI FL 33165 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

Date

Daytime Phone #

1-4-2000 (305) 264-2444

CR2E034 (9/99)