

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90004 011 ***150.00

DOCUMENT # P95000001859

1. Entity Name
ALL IN ONE SERVICE INTERNATIONAL, INC.

| | |
|--|---|
| Principal Place of Business 17100 COLLINS AVE. SUITE 224 MIAMI BEACH FL 33160 | Mailing Address 17100 COLLINS AVE. SUITE 224 MIAMI BEACH FL 33160-3675 |
|--|---|

| | | | |
|--|--|---------|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country | Country |
|--|--|---------|---------|



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MORAN, MARIA
290-174 STREET
#905
MIAMI BEACH FL 33160

| | |
|--|--|
| 4. FEI Number 65-0543617 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 | PSTV MORAN, MARIA 290-174TH STREET #905 MIAMI BEACH FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORAN, MARIA 290-174TH STREET #905 MIAMI BEACH FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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, are empowered.

SIGNATURE: *[Signature]* **REQUIRED** **01/26/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)