002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90055 007 ***150.00

DOCUMENT # P95000091845

1. Entity Name
ALL CITIES - PROFESSIONAL PLANS RUNNING CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2712 SEGOVIA ST.	2712 SEGOVIA ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL.	City & State: CORAL GABLES, FL.
Zip: 33134 Country: U.S.A.	Zip: 33134 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0642791 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: CRESPO FERNANDO
Street Address (P.O. Box Number is Not Acceptable): 2712 SEGOVIA ST.
City: CORAL GABLES FL Zip Code: 33134

DO NOT WRITE IN THIS SPACE

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] Date: 4/07/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSD	TITLE	
NAME	CRESPO, FERNANDO	NAME	
STREET ADDRESS	2712 SEGOVIA ST.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	CITY-ST-ZIP	
TITLE	VTD	TITLE	
NAME	DOMINGUEZ, ADRIANA	NAME	
STREET ADDRESS	2712 SEGOVIA ST.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034E (12/01)

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] Date: 4/07/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR