

2000 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

FILED

00 JUL 17 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000095774

1. Entity Name
ALL COUNTY RESEARCH AND RECOVERY, INC.

Principal Place of Business
535 SW 8 STREET
MIAMI FL 33131

Mailing Address
535 SW 8 STREET
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0645416

Applied For
Not Applicable

Zip Country

Zip Country

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

LUIS, LUIS E
256 SW 8 STREET #515
MIAMI FL 33131

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PST LUIS, LUIS E 280 SW 8 ST 590 MIAMI FL 33130	<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	V CARRILLO, JOSE I 12265 S DIXIE HWY 61 MIAMI FL 33176	<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 LUIS, EMILIE I 16200 SW 199 AVE MIAMI FL 33187	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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-08/02/00--01012--005
*****150.00 *****150.00

Luis Emilio I

SP/m

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00
Date

305 8579003
Daytime Phone #

7/11/00

page 2 of 2

To whom it may concern,
We recieved a notice that we have not
Filed our corporate Fee. Below is a copy
of ck. # 2614 sent on 3/15/00. We are
enclosing ck. # 2736 in case the original
was lost.

Thank you,

L L

ALL COUNTY RESEARCH AND RECOVERY, INC.
535 S.W. 8TH ST. 305-857-9003
MIAMI, FL 33131

Date 3/15/00

2614

83-27/831 FL
1088

Pay to the
Order of

FLORIDA DEPARTMENT OF REVENUE

\$ 150.00

SM

150 DOLL. 00

Dollars



NationsBank

NationsBank, N.A.

ACH R/T 063100277

For

Ch R

⑆063100277⑆ 001801001764⑈ 2614 ⑆0000015000⑆