

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014483

1. Entity Name

ALL ACCESS MIAMI ENTERPRISES, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90050 040 ***150.00

Principal Place of Business

Mailing Address

20806 S.W. 85TH PLACE
MIAMI FL 33189
US

20806 S.W. 85TH PLACE
MIAMI FL 33189-3318

2. Principal Place of Business

3. Mailing Address

17740 NW 67th Ave

17740 NW 67th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

605

605

City & State

City & State

Miami FL

Miami FL

Zip

Country

33015

USA

Zip

Country

33015

USA

4. FEI Number

NOT APPLICABLE

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

BARON, KEITH D ESQ
8333 WEST MCNAB ROAD #203
TAMARAC FL 33321

Name

NONE

Street Address (P.O. Box Number is Not Acceptable)

NONE

City

NONE

FL

Zip Code

NONE

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 NAME STREET ADDRESS CITY - ST - ZIP	PD LUCKERT, KURT A 20806 S.W. 85TH PLACE MIAMI FL 33189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LUCKERT, VALESKA R 20806 S.W. 85TH PLACE MIAMI FL 33189-3318	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Kurt A Luckert

Date

Daytime Phone #

4/23/00

305-439-9557

CR2E034 (9/99)