

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90350 038 ***150.00

DOCUMENT # P96000028177

1. Entity Name

ALL COMMUNICATION RENTALS, INC.

Principal Place of Business

**1402 S.W. 13 COURT
 POMPANO BEACH FL 33069**

Mailing Address

**1402 S.W. 13 COURT
 POMPANO BEACH FL 33069**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0701436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TRIBUCH, KENNETH H ESQ.
 2301 WEST SAMPLE ROAD, BLDG. 3, SUITE 3A
 POMPANO BEACH FL 33073**

7. Name and Address of New Registered Agent

Name

ALAN FISHMAN

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

2301 W. SAMPLE RD, BLDG 4, STE 1A

City

POMPANO BEACH

FL

Zip Code

33073

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

Alan Fishman

ALAN FISHMAN, REGISTERED AGENT 3/22/01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	JAMISON, LOIS	
STREET ADDRESS	2301 WEST SAMPLE ROAD, BLDG. 3, SUITE 3A	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELESNICK, LOUIS	
STREET ADDRESS	2301 WEST SAMPLE ROAD, BLDG. 3, SUITE 3A	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1402 SW 13 COURT	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1402 SW 13 COURT	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lois Jamison **Lois Jamison**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

954-788-9555

Daytime Phone #

CR2E034 (10/00)