

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039227

1. Entity Name
MIAMI ALL-PRO, INC.



Principal Place of Business
13240 NORTHEAST 4TH AVENUE
NORTH MIAMI FL 33161

Mailing Address
13240 NORTHEAST 4TH AVENUE
NORTH MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03-04

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0671213

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

KOFSKY, DAVID ALAN CPA
3440 HOLLYWOOD BLVD., SUITE 450
HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

100028545441
02/11/04--01018--019 **300.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WILHELM, ALAN B
STREET ADDRESS 13240 NORTHEAST 4TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 10 or Block 11 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

Date

Daytime Phone #

0275206 AV

CR2E034 (10/02)

FILED

04 FEB 12 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





Kofsky, Coury & Associates, PA

CERTIFIED PUBLIC ACCOUNTANTS

January 21, 2004

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302

RE: Miami All Pro, Inc. Document # P96000039227

To whom it may concern,

Enclosed please find the 2003 UBR for Miami All-Pro, Inc. Please be advised that due to difficulties connected with Muscular Dystrophy, my client has been in and out of the hospital several times over the last 9 months and was not able to perform many of the work functions he normally fulfilled, including the filing of this report.

Due to reasonable cause, please accept the enclosed check in the amount of \$150.00.

Sincerely,

A handwritten signature in black ink, appearing to read 'DAK' with a stylized flourish.

David Alan Kofsky
Certified Public Accountant