

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006175

1. Entity Name - ALL SIGNS CORPORATION

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90022 009 ***150.00

Principal Place of Business
18296 NW 61 Place
MIAMI, FL. 33015

Mailing Address
4315 N.W. 7th. St. #51
Miami, Fl. 33126

825740

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18296 NW 61 Place

3. Mailing Address
4315 NW 7th. St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

No. 51

City & State

Miami Fl.

City & State

Miami, Fl.

Zip

33015

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-0720191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORMA CHIOZZA
18296 NW 61 Place
Miami Fl. 33015

7. Name and Address of New Registered Agent

Name

Norma Chiozza

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

18296 NW 61 Place

City

Miami

FL

Zip Code

33015

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

Norma Chiozza

03.17.00

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

TITLE PDSC Chiozza, Norma ☐ Delete
NAME
STREET ADDRESS 18296 N.W. 61 Place
CITY-ST-ZIP Miami, Fl. 33015

TITLE VD Pujalt, Roger ☐ Delete
NAME
STREET ADDRESS 18296 N.W. 61 Place
CITY-ST-ZIP Miami, Fl. 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Norma Chiozza
President

03.17.2000 (305)819-9365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #