

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014914

1. Entity Name

ALL BUSINESS TRANSPORTATION AND DELIVERY SERVICES

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90016 036 ***150.00

Principal Place of Business

722 SOUTHWEST 4 TERRACE
DANIA FL 33004

Mailing Address

722 SOUTHWEST 4 TERRACE
DANIA FL 33004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0728523

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 \$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	PSTD WILLIAMS, KENNETH D 722 SOUTHWEST 4 TERRACE DANIA FL 33004	<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
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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
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"/> 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

Sept 10, 2000
Date

Daytime Phone #

CR2E034 (5/00)

Attachment
P97000014914
A0078465

Sept. 12, 2000

ALL BUSINESS TRANSPORTATION
DELIVERY SERVICE INC.
722 SW 4th TER
DANIA, FLA. 33004
FEI # 65-0728523

ON SEPT 12, 2000 I SPOKE TO A LADY AT THE
DIVISION OF CORPORATION, I EXPLAIN TO HER THAT
I DID NOT RECEIVE THE FIRST NOTICE THAT WAS
MAILED OUT SHE SAID IN JAN 2000, AND I DID NOT
NOTICE UNTIL YESTERDAY THE AMOUNT WAS \$550.00
IF NOT MAILED BY SEPT. 13, 2000, SHE TOLD ME TO
WRITE A LETTER EXPLAINING WHAT HAPPEN AND
MAIL THE CHECK FOR \$150.00 BY SEPT. 13, 2000,
PLEASE FORGIVE FOR MAKING THIS BIG MISTAKE,
AND KEEP MY BUSINESS INCORPORATED.

Thank you
[Signature] Assistant