2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 12, 2000 8:00 am Secretary of State DOCUMENT # **P97000034046** ALL FOR YOU INC. 01-12-2000 90083 003 ***158.75 Mailing Address Principal Place of Business 680 S. MILITARY TRAIL 1700 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33415-3904 W PALM BEACH FL 33401 US 3. Mailing Address 2. Principal Place of Business 680 S. Military Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0755045 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALIA MELENDEZ, JOAQUIN Street Address (P.O. Box Number is Not Acceptable) 680 S. MILITARY TRAIL W PALM BEACH FL 33415 City 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 agent and tike if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition DVP TITLE ☐ Delete TITLE PEREZ, LUIS M NAME NAME STREET ADDRESS STREET ADDRESS 680 S. MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 Director President **Addition** ☐ Change Delete TITLE Dalia C. MeLendez 680 S. Military tz MELENDEZ, JOAQUIN NAME STREET ADDRESS STREET ADDRESS 680 S. MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITI F Delete TITLE NAME NAME

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 attackment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPES OF DEPOTES NAME OF SIGNING OFFICER OR DIRECT

☐ Delete

01/04/00 (561) 478 - 1777

☐ Change

☐ Addition

CR2F034 (9/6