

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000045491**

1. Entity Name
ALL AMERICAN ENGRAVING & AWARDS INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 AM 11:55

Principal Place of Business Mailing Address

**5842 COMMERCE LANE
MIAMI FL 33143**

2. Principal Place of Business

5842 COMMERCE LANE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SOUTH MIAMI FL

City & State

4. FEI Number

65-0777725

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATRICIA L. HARRISON

**5842 COMMERCE LANE
MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **CARLOS HORACIO GRANADE**

Street Address (P.O. Box Number is Not Acceptable)
5842 COMMERCE LANE

City **MIAMI**

FL

Zip Code **33143**

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 \$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 **PRESIDENT** ☒ Delete
NAME **PATRICIA L. HARRISON**
STREET ADDRESS **5842 COMMERCE LANE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 **PRESIDENT** ☒ Change ☐ Addition
NAME **CARLOS HORACIO GRANADE**
STREET ADDRESS **5842 COMMERCE LANE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **100004638371--6**
CITY-ST-ZIP **-10/16/01--01036--019**
*******61.25 *****61.25**

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

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

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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/01

Date

305-665-1435

Daytime Phone #

CR2E034 (11/00)