## 2000 UNIFORM BUSINES'S REPORT (UBR)

## **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P97000062936 1. Entity Name ALL NEW PROPERTIES, INC. 03-15-2000 90124 036 \*\*\*150.00 Mailing Address Principal Place of Business 2100 NE 32ND AVENUE 2100 NE 32ND AVENUE FORT LAUDERDALE FL 33305 FORT LAUDERDALE FL 33305-1855 A0030065 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0776183 Not Applicable Zip Country Zip 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 Name GORSICA, CINDY Street Address (P.O. Box Number is Not Acceptable) 2100 NE 32ND AVENUE FORT LAUDERDALE FL 33305 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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. ☐7 Change ☐ Addition PD Delete TITI F TITLE NAME GORSICA, CINDY NAME STREET ADDRESS STREET ADDRESS 2100 NE 32ND AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33305 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

araddress, with all other like empowered

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

changed, or on an attachment with