

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070824

1. Entity Name

ALLPRO ENTERPRISES CO.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90016 030 \*\*\*150.00

Principal Place of Business  
777 SOUTH STATE ROAD 7  
UNIT A4  
MARGATE FL 33068

Mailing Address  
777 SOUTH STATE ROAD 7  
UNIT A4  
MARGATE FL 33068-2803

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0775147**

Applied For  
Not Applied

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

ARAUJO, DANIEL F.  
6951 SW 19 COURT  
POMPANO BEACH FL 33068

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 \$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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ARAUJO, DANIEL F	
STREET ADDRESS	777 SOUTH STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARAUJO, JOHN	
STREET ADDRESS	777 SOUTH STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 954.968.7261