

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90103 030 ***150.00

DOCUMENT # P97000075664

1. Entity Name

ALLIN INTERNATIONAL USA, INC.

Principal Place of Business

**5475 NW 72 AVE
MIAMI FL 33166
US**

Mailing Address

**5475 NW 72 AVE
MIAMI FL 33166
US**

2. Principal Place of Business

11117 W. OKEECHOBEE RD.

Suite, Apt. #, etc.

121

3. Mailing Address

11117 W. OKEECHOBEE RD.

Suite, Apt. #, etc.

121

City & State

HALEAH GARDENS, FL

City & State

HALEAH GARDENS, FL

Zip

33018

Country

U.S.A.

Zip

33018

Country

U.S.A.

6. Name and Address of Current Registered Agent

**GODOY, GERMAN A
5475 NW 72 AVE
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

GERMAN A. GODOY

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

11117 W. OKEECHOBEE RD., SUITE 121

City

HALEAH GARDENS

FL

Zip Code

33018

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

04/09/01

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 **DP** ☐ Delete
NAME **GODOY, GERMAN A**
STREET ADDRESS **5475 NW 72 AVE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **T** ☐ Delete
NAME **HOCH, CAROLINA**
STREET ADDRESS **5475 NW 72 AVE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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
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:

GERMAN A. GODOY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/01
Date

(305)556-1969
Daytime Phone #

CR2E034 (10/00)