

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000092995**

1. Entity Name

ALL BUILDING SERVICES, INC.**FILED****Apr 17, 2001 8:00 am**
Secretary of State

04-17-2001 90048 006 ***150.00

Principal Place of Business

**2011 JOHNSON ST.
HOLLYWOOD FL 33020**

Mailing Address

**PO BOX 1576
HOLLYWOOD FL 33022
US****642095**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0438496**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HERNANDEZ, ARMAND
2011 JOHNSON ST.
HOLLYWOOD FL 33020**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ARMAND	
STREET ADDRESS	2011 JOHNSON ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	VICEPRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ana O. Peña	
STREET ADDRESS	2011 JOHNSON STREET	
CITY-ST-ZIP	Hollywood, FL 33020	

TITLE	Ana O. Peña	<input type="checkbox"/> Delete
NAME	VICEPRESIDENT	
STREET ADDRESS	2011 JOHNSON STREET	
CITY-ST-ZIP	Hollywood, FL 33020	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Armando Hernandez

Date

4-12-01

Daytime Phone #

954 921-2211

CR2E034 (10/00)