

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90173 011 \*\*\*150.00

DOCUMENT # **P97000094632**  
1. Entity Name  
**ALL Inspections, Inc.** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**5161 S.W. 145 Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**5722 South Flamingo Road**  
Suite, Apt. #, etc.  
**# 236**

City & State  
**Ft. Laud., FL**

City & State  
**Cooper City, FL**

Zip  
**33330**

Country  
**USA**

Zip  
**33330-3206**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0814117**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Elda L. Herreria**

Street Address (P.O. Box Number is Not Acceptable)  
**5161 S.W. 145 Ave.**

City **Ft. Laud.** **FL** Zip Code **33330**

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 **Elda L. Herreria** DATE **7/24/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P, S, T, D</b> <b>Elda L. Herreria</b> <b>5161 SW 145 Ave.</b> <b>Ft. Laud., FL 33330</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Elda L. Herreria** DATE **7/24/02** DAYTIME PHONE # **954-252-8500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Attachment



July 24, 2002

Florida Dept. of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: All Inspections, Inc.  
Document # P97000094632

7675390

Dear Sir or Madam:

This letter shall serve to inform you that All Inspections, Inc. did not receive a first notice regarding the 2002 Profit Corporation Annual Report. Henceforth and according to the instructions delivered to my office, enclosed please find our completed replacement 2002 Profit Corporation Annual Report and a check for \$150.00.

If you require additional information, please do not hesitate to call me at (954) 252-8500. Thank you for your anticipated cooperation on this matter.

Sincerely,

Elda L. Herrera  
Registered Agent