

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91525 006 \*\*\*150.00

**DOCUMENT # P98000027076**

1. Entity Name  
**ALL SERVICE & SUPPLIES, INC.**

Principal Place of Business

**920 CLINT MOORE RD  
 BOCA RATON FL 33487**

Mailing Address

**920 CLINT MOORE RD  
 BOCA RATON FL 33487**



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

**65-0822966**

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

**AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD WINIK, VICTOR 5030 CHAMPION BLVD, STE 6-432 BOCA RATON FL 33496</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # P 98000027076

434895

ALL SERVICE & SUPPLY  
920 CLINTMOORE ROAD  
BOCA RATON, FL 33487

FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32314

RE: P98000027076 ALL SERVICE & SUPPLIES

TO KATHERINE HARRIS:

PER MY CONVERSATION WITH YOUR OFFICE, I EXPLAINED THAT UNFORTUNATELY THE CHECK FOR THE 2002 UNIFORM BUSINESS REPORT FOR THE CORPORATION OF ALL SERVICE & SUPPLY WAS DELAYED. THIS OCCURRED DUE TO THE FACT THAT THE ACCOUNTANT HANDLING THIS SUFFERED A SEVERE HEART ATTACK. DURING THE CONVERSATION WITH YOUR OFFICE I WAS TOLD AS LONG AS I SENT A LETTER AND A CHECK RIGHT AWAY THE LATE FEE WOULD BE WAIVED. THANK YOU VERY MUCH FOR YOUR ASSISTANCE IN THIS MATTER.

SINCERELY,

VICTOR WINIK  
ALL SERVICE & SUPPLY