07131999-90011-007-$150.00-$150.00

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07-13-1999 90011 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000027786

1. Corporation Name
UP ALL NITE, INC.

Principal Place of Business	Mailing Address
8045 NW 7 St. #111 MIAMI, FL 33126	8045 NW 7 ST #111 MIAMI, FL 33126

3. Date Incorporated or Qualified: 3/25/1998
3a. Date of Last Report:
4. FEI Number: 65-093-0303 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 3550 BISCAYNE BLVD.	26 3550 BISCAYNE BLVD.
Suite, Apt. #, etc. 22 600	Suite, Apt. #, etc. 27 600
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL
Zip 24 33137 — Country 25 U.S.A.	Zip 29 33137 — Country 30 U.S.A.

9. Name and Address of Current Registered Agent
GUS GALLARDO
8045 NW 7 ST. #111
MIAMI, FL 33126

10. Name and Address of New Registered Agent
81 Name: ANGEL SANCHEZ
82 Street Address (P.O. Box Number is Not Acceptable): 900 WEST AVE # 1429
83
84 City: MIAMI BEACH — FL — 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	☑ DELETE
TITLE	
NAME	GUS GALLARDO
STREET ADDRESS	8045 NW 7TH ST #111
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

7/1/99
Enclosed, please find a check for $150.00. I suspect that my filing should have been done, but I never received any notice
Thank You,

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	☐ Change ☑ Addition
1.2 NAME	ANGEL SANCHEZ	
1.3 STREET ADDRESS	900 WEST AVE #1429	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
2.2 NAME	MANNY VADILLO	
2.3 STREET ADDRESS	631 SE 2ND PLACE	
2.4 CITY-ST-ZIP	HIALEAH, FL 33010	
3.1 TITLE	TREASURER	☐ Change ☑ Addition
3.2 NAME	ALEX FAYREO	
3.3 STREET ADDRESS	7480 SW 107 AVE UNIT 4-304	
3.4 CITY-ST-ZIP	MIAMI, FL 33173	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I declare that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date