

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 30 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076529

1. Entity Name

ALL ISLAND EXPORTS, INC.



**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1580 NW 27th AVE

3. Mailing Address

SAME

Suite, Apt. #, etc

BAY 1

Suite, Apt. #, etc

City & State

POMPANO BEACH, FL

City & State

4. FEI Number

65-0863974

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

KRASKER, PAUL A.

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

625 NORTH FLAGLER DR.

City

WEST PALM BEACH

FL

Zip Code

33402-4025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sign name, typed or printed in case of registered agent and date if applicable

(NOTE: Registered Agent signature required when filing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Q	BROCK, PAUL
NAME		21573 HOLLANDAIRE DR.
STREET ADDRESS		BOCA RATON FL 33433
CITY-ST-ZIP		

TITLE	PRESIDENT
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	J	BROCK, JOHN
NAME		16346 MARIPOSA CIRCLE NORTH
STREET ADDRESS		PEMBROKE PINES FL 33331
CITY-ST-ZIP		

TITLE	VICE-PRESIDENT
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

9546779366

Date

Signature Number

CR2E0348 (12/02)