

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079013

1. Entity Name

ALL FLORIDA D.M.E. INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90014 003 ***150.00

Principal Place of Business

7970 SW 12TH ST
MIAMI FL 33144

Mailing Address

7970 SW 12TH ST
MIAMI FL 33144-4322

00015898



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7970 SW 12th ST.

3. Mailing Address

7970 SW 12th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

Zip

33144

Country

USA

Zip

33144

Country

USA

4. FEI Number

65-0864106

Applied For

Not Applicable

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

GODINEZ, OLGA
221 N.E. 104TH ST
MIAMI SHORES FL 33138

Name Godinez-Torres, Olga

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

7970 SW 12th ST.

City Miami

FL

Zip Code

33144

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, 2000 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ Delete
GODINEZ, OLGA
221 N.E. 104TH ST
MIAMI SHORES FL 33138

TITLE

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President ☒ Change ☐ Addition
Godinez-Torres, OLGA
7970 SW 12th ST
MIAMI, FLA. 33144

TITLE

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

TITLE

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

Date

Daytime Phone #

CR2E034 (9/99)