

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90012 045 ***150.00

DOCUMENT # P99000013294

1. Entity Name
ALL BEACHES SERVICES, INC.

Principal Place of Business

**4440 N.W. 73RD AVENUE
MCO:500
MIAMI FL 33166**

Mailing Address

**4440 N.W. 73RD AVENUE
MCO:500
MIAMI FL 33166**

7 5 5 9 5 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4440 NW 73RD AVE.

3. Mailing Address

4440 NW 73RD AVE

Suite, Apt. #, etc.

MUN: 5200

Suite, Apt. #, etc.

MUN: 5200

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-3560904

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CREECH, BRET A
11921 LITTLE CREEK LANE
JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name **BRET A. CREECH**

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

11921 LITTLE CREEK LANE

City

JACKSONVILLE

FL

Zip Code

32223

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.

(NAME CORRECTION)

SIGNATURE

[Signature]

BRET A. CREECH

3/13/2001

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, 2001 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 **P**
NAME **CREECH, BRET A**
STREET ADDRESS **4440 73RD AVENUE, MCO:500**
CITY-ST-ZIP **MIAMI FL 33166**
MUN: 5200

TITLE **PRESIDENT**
NAME **CREECH, BRET A.**
STREET ADDRESS **4440 NW 73RD AVE., MUN 5200**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE
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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]

BRET A. CREECH 3/13/2001 (904) 945-1005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)