

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017575

1. Entity Name

ALL AMERICAN TRADING, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90949 038 ***158.75

Principal Place of Business

2441 NW 93 AVENUE
SUITE 106 B
MIAMI FL 33172

Mailing Address

2441 NW 93 AVENUE
SUITE 106 B
MIAMI FL 33166-6744

2. Principal Place of Business

7251 NW 12 STREET
Suite, Apt. #, etc.

3. Mailing Address

7251 NW 12 STREET
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0899601

Applied For

Not Applicable

Zip

Country

33126

Zip

Country

33126

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOS SANTOS, KARINA FLOCK
2441 NW 93 AVENUE
SUITE 106 B
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name DOS SANTOS, KARINA FLOCK

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

15648 SW 95 STREET

City

MIAMI

FL

Zip Code

33198

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

Karina Flock dos Santos KARINA FLOCK DOS SANTOS

4/20/00

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	PSD	<input type="checkbox"/> Delete
NAME	DOS SANTOS, KARINA FLOCK	
STREET ADDRESS	2441 NW 93 AVENUE SUITE 106 B	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Karina Flock dos Santos KARINA FLOCK DOS SANTOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 (305) 597-4470

CR2E034 (9/99)