

5/17

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024983

Entity Name
All Records, Corp.

FILED
Sep 01, 2000 8:00 am
Secretary of State

05-12-2000 90056 005 ***150.00

Principal Place of Business
3900 NW 79 AVE.
Suite 482
Miami, FL 33166

Mailing Address
7719 NW 48 ST
Suite 320
Miami, FL 33166

2. Principal Place of Business
Suite Apt. #, etc.

3. Mailing Address
Suite Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-0904300

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Cirioivan Calderon
3900 NW 79 AVE.
Suite 482
Miami, FL 33166

Name Antonio Calderon
Street Address (P.O. Box Number is Not Acceptable)
7719 NW 48 ST Suite 320
City Miami FL Zip Code 33166

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, hand or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

4-24-00
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: \$150.00
After MAY 1, 2000 Fee will be \$250.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

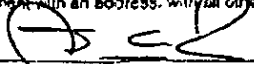
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PR	ANTONIO CALDERON	3900 NW 79 AVE Suite 482	Miami, FL 33166
PPD	Cirioivan Calderon	3900 NW 79 AVE Suite 482	Miami, FL 33166
SD	Ana de Calderon	3900 NW 79 AVE Suite 482	Miami, FL 33166
TD	Anly Calderon	3900 NW 79 AVE Suite 482	Miami, FL 33166

TITLE	NAME	STREET ADDRESS	CITY-STATE-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, without other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00
Date

Daytime Phone #