

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030114

1. Entity Name  
ALL-STATE PRODUCTS, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90163 013 \*\*\*150.00

Principal Place of Business  
6301 NW 74 AVENUE  
A  
MIAMI FL 33166

Mailing Address  
6301 NW 74 AVENUE  
A  
MIAMI FL 33166



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

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number 65-0908288  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ARIAS, MIGUEL  
10270 S.W. 58TH ST.  
MIAMI FL 33173

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 | <input type="checkbox"/> Delete |
|-------|---------------|---------------------|-----------------|---------------------------------|
| PD    | ARIAS, MIGUEL | 10270 S.W. 58TH ST. | MIAMI FL 33173  | <input type="checkbox"/>        |
| ST    | ARIAS, MIGUEL | 10270 S.W. 58TH ST. | MIAMI FL 33173  | <input type="checkbox"/>        |
|       |               |                     |                 | <input type="checkbox"/>        |
|       |               |                     |                 | <input type="checkbox"/>        |
|       |               |                     |                 | <input type="checkbox"/>        |
|       |               |                     |                 | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 (305) 499-3244  
Date Daytime Phone #

CR2E034 (9/01)