

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90435 023 ***150.00

00057378

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000038476

1. Entity Name ALL SEASON AUTO CORP. ✓

Principal Place of Business 4500 W. 19TH COURT #337 HIALEAH, FL 33012

Mailing Address 4500 W. 19TH COURT #337 HIALEAH, FL 33012

2. Principal Place of Business 4500 W. 19TH COURT Suite, Apt. #, etc. 337 City & State HIALEAH, FL Zip 33012 Country USA

3. Mailing Address 4500 W. 19TH COURT Suite, Apt. #, etc. #337 City & State HIALEAH, FL Zip 33012 Country USA

4. FEI Number 05-0569029 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 ALAN E. GREENFIELD, Esq.
 2600 DOUGLAS ROAD
 SUITE 911
 CORAL GABLES, FL 33134

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 _____

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 ☐ **\$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-ST-ZIP	PSD NELSON AGUDELO 4500 W. 19 TH COURT #337 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **NELSON AGUDELO** 5/5/00 (305) 710-5103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)