Pg 1 of 2

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043237

1. Entity Name

AALL CRANES CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 15 AM 8:13

Principal Place of Business	Mailing Address
P.O. Box 823804 South Florida, FL 33082	P.O. Box 823804 South Florida, FL 33082

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

07/28/00 90151 .041 150.00

4. FEI Number: 65-0918588 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NANCY ALMEIDA - DIRECTOR
PO BOX 823804
SOUTH FLORIDA, FL 33082

7. Name and Address of New Registered Agent

Name: Nancy Almeida.
Street Address (P.O. Box Number is Not Acceptable): 15921 NW 14 CT.
City: Pembroke Pines. FL Zip Code: 330 28

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] DATE: 07/19/00

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DIRECTOR NAME: NANCY ALMEIDA STREET ADDRESS: P.O. BOX 823804 CITY-ST-ZIP: SOUTH FLORIDA, FL 33082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 07/19/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE

Attachment 2
D#990WK13237
DW75278

AALL CRANES CORP.
P.O BOX 823804
South Florida, FL 33082

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: AALL CRANES CORP.
EIN#65-0918588

Dear Sir or Madam:

Please be advised that the above mentioned corporation's annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporations is allowed to submit a second annual report with the corresponding fee of $ 150.00.

Please advise.

Your cooperation is appreciated.

Sincerely,

Nancy Menneida

NA/re