

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000043237**

1. Entity Name

AALL CRANES CORP.**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90365 043 ***150.00

Principal Place of Business

P.O. BOX 823804
SOUTH FLORIDA FL 33082-3804

Mailing Address

P.O. BOX 823804
SOUTH FLORIDA FL 33082-3804

2. Principal Place of Business

1420 Windsor Court.Suite, Apt. #, etc.
Cape Coral. FL

City & State

33904

Zip

Country

3. Mailing Address

1420 Windsor Court.Suite, Apt. #, etc.
Cape Coral. FL

City & State

33904

Zip

Country



DO NOT WRITE IN THIS SPACE

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

ALMEIDA, NANCY
15921 NW 14 COURT
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

Nancy Almeida

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

1420 Windsor Court

City

Cape Coral**FL**Zip Code
33904

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, 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ALMEIDA, NANCY**
STREET ADDRESS **P.O. BOX 823804**
CITY-ST-ZIP **SOUTH FLORIDA FL 33082-3804**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Almeida, Nancy**
STREET ADDRESS **1420 Windsor Court**
CITY-ST-ZIP **Cape Coral. FL 33904**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)