

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90108 043 ***150.00

DOCUMENT # P99000052303

1. Entity Name

ALL-WRITE COURT REPORTING, INC.

Principal Place of Business

Mailing Address

**1013 NE 203 LANE
MIAMI FL 33179**

**2040 NE 163 STREET
210
MIAMI FL 33162**

2. Principal Place of Business

3. Mailing Address

18720 W. Oakmont Drive

5190 NW 167TH Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

111

City & State

Miami

City & State

Miami Lakes, FL

Zip

33015

Country

USA

Zip

33014

Country

USA

4. FEI Number

65-0934897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVAREZ, JACQUELINE
1013 NE 203 LANE
MIAMI FL 33179**

Name

Alvarez, Jacqueline

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

5190 N.W. 167TH Street

SUITE 111

City

Miami Lakes

FL

Zip Code

33014

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

4-25-01

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 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	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, JACQUELINE	
STREET ADDRESS	21204 HARBOR WAY 128	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5190 NW 167TH STREET, SUITE 111	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jacqueline Alvarez **Jacqueline Alvarez**

4-25-01

(305) 332-4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)