

2000 UNIFORM BUSINESS REPORT (UBR)

4/14/11

FILED
Jun 16, 2000 8:00 am
Secretary of State

04-11-2000 90213 019 ***150.00

DOCUMENT # P99000054242

1. Entity Name

ALL MATERIAL TRANSPORT, INC.

R

Principal Place of Business

Mailing Address

119 NW 81ST WAY
 CORAL SPRINGS FL 33071

119 NW 81ST WAY
 CORAL SPRINGS FL 33071-7526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0926735

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

DELPRETE, ROBERT J JR.
 119 NW 81ST WAY
 CORAL SPRINGS FL 33071

Name

ROBERT J. DELPRETE JR.

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

119 NW 81ST WAY

CORAL SPRINGS FL 33071

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

Signature, typed or printed name of registered agent and see 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, 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: PRESIDENT
 NAME: ROBERT J. DELPRETE JR.
 STREET ADDRESS: 119 NW 81ST WAY
 CITY-ST-ZIP: CORAL SPRINGS, FLA 33071

☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: V.P.
 NAME: JOE ATTUASIO
 STREET ADDRESS: 2020 W. NOLAN RD #112
 CITY-ST-ZIP: FT. LAUDERDALE, FLA 33309

☐ Delete

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 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 AND TYPED OFF-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00 954974-4002
 Daytime Phone

CR2E034 (9/99)