

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054242

1. Entity Name

ALL MATERIAL TRANSPORT, INC.

Principal Place of Business

119 NW 81ST WAY
CORAL SPRINGS FL 33071

Mailing Address

119 NW 81ST WAY
CORAL SPRINGS FL 33071

2. Principal Place of Business

4101 NW 124th Ave

Suite, Apt. #, etc.

CORAL SPRINGS

City & State

FLA

Zip

33065

Country

USA

3. Mailing Address

4101 NW 124th Ave

Suite, Apt. #, etc.

CORAL SPRINGS

City & State

FLA

Zip

33065

Country

USA

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

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

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

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	NAME	DELPRETE, ROOGAT	<input type="checkbox"/> Delete
STREET ADDRESS			119 N.W. 81ST WAY	
CITY-ST-ZIP			POMPANO BEACH FL 33071	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	ROBERT S. DELPRETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2020 W. HUNTS RD #112	
CITY-ST-ZIP			FT. LAUDERDALE, FL 33309	
TITLE	VP	NAME	JOSEPH A. ATENASIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			2020 W. HUNTS ROAD #112	
CITY-ST-ZIP			FT. LAUDERDALE, FL 33309	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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

ROBERT S. DELPRETE JR. (754) 755-1811
Date Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90046 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)