

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059212

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90048 012 ***163.75

1. Entity Name
ALL CONSTRUCTION, INC.

Principal Place of Business 1750 NE 146TH STREET NORTH MIAMI FL 33181	Mailing Address 1750 NE 146TH STREET NORTH MIAMI FL 33181-1346
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DO NOT WRITE IN THIS SPACE

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 65-0946472	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
DORLEANS, GABRIEL
1750 NE 146TH STREET
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
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

TITLE	D <input type="checkbox"/> Delete
NAME	DORLEANS, GABRIEL
STREET ADDRESS	1750 NE 146TH STREET
CITY-ST-ZIP	NORTH MIAMI FL 33181
TITLE	D <input type="checkbox"/> Delete
NAME	GUIRAND, JASMINE
STREET ADDRESS	1750 NE 146TH STREET
CITY-ST-ZIP	NORTH MIAMI FL 33181
TITLE	D <input type="checkbox"/> Delete
NAME	COX, MYRTHA
STREET ADDRESS	1750 NE 146TH STREET
CITY-ST-ZIP	NORTH MIAMI FL 33181
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 an officer or trustee empowered.

SIGNATURE: _____ DATE: **04/10/00** DAYTIME PHONE #: **305-915-4251**

CR2E034 (9/99)