

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077370

1. Entity Name

ALL FLORIDA GUTTERS, INC.

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90037 044 ***150.00

Principal Place of Business	Mailing Address
2925 W. 80TH STREET SUITE 201 HIALEAH GARDENS FL 33018	2925 W. 80TH STREET SUITE 201 HIALEAH GARDENS FL 33018-3828



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5351 NW 200TH AVE Suite, Apt. #, etc. Lot 395 City & State Miami Florida Zip 33055	5351 NW 200TH AVE Suite, Apt. #, etc. Lot 395 City & State Miami Florida Zip 33055

4. FEI Number	Applied For
65-0944928	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACEDA, YANKO 2925 W. 80TH STREET SUITE 201 HIALEAH GARDENS FL 33018	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
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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
<input type="checkbox"/>		<input type="checkbox"/>	

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	President J. Campa
NAME	MACEDA, YANKO	NAME	5351 NW 200TH AVE Lot 395
STREET ADDRESS	2925 W. 80TH STREET SUITE 201	STREET ADDRESS	Miami FL 33055
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	CITY-ST-ZIP	
TITLE		TITLE	Yanko Maceda
NAME		NAME	5351 NW 200TH AVE Lot 395
STREET ADDRESS		STREET ADDRESS	Miami FL 33055
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #
		2-28-00	(305) 826-1111

CR2E034 (9/99)