

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086865

1. Entity Name

ALL IN ONE OF CENTRAL FLORIDA INC.

FILED

Jun 22, 2000 8:00 am
Secretary of State

06-22-2000 90001 002 ***150.00

Principal Place of Business

Mailing Address

1231 AIRPORT RD.
LAKELAND FL 33811

1231 AIRPORT RD.
LAKELAND FL 33811-1010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKELAND, FL

Zip

Country

Zip

Country

33804

US POLK

4. FEI Number

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

RAMIREZ, VICTOR
4519 SAN SEBASTIAN CIR.
ORLANDO FL 32808

Name

RAMIREZ, VICTOR N.

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

1231 AIRPORT RD.

City

LAKELAND,

FL

Zip Code

33811

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

Victor Ramirez

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, 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 D ☐ Delete
NAME RAMIREZ, VICTOR
STREET ADDRESS 4519 SAN SEBASTIAN CIR.
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☒ Change ☐ Addition
NAME RAMIREZ, VICTOR N.
STREET ADDRESS 1231 AIRPORT RD.
CITY-ST-ZIP LAKELAND, FL 33811

TITLE D ☐ Delete
NAME NIVAL, MARIEL S
STREET ADDRESS 4519 SAN SEBASTIAN CIR.
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☒ Change ☐ Addition
NAME RAMIREZ, MARIEL
STREET ADDRESS 1231 AIRPORT RD.
CITY-ST-ZIP LAKELAND, FL 33811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mariel Ramirez MARIEL RAMIREZ

4/25/00

(813)815-8977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)