

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088339

1. Entity Name

ALL TRUST INSURANCE GROUP, INC.

FILED

Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90011 006 ***150.00

Principal Place of Business

Mailing Address

10255 S.W. 46 STREET
MIAMI FL 33165

10255 S.W. 46 STREET
MIAMI FL 33165-3268

2. Principal Place of Business

4033 SW 96th AVENUE

3. Mailing Address

4033 SW 96th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

05-0954790

Applied For

Not Applicable

Zip

33105

Country

USA

Zip

33105

Country

USA

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

CHARLTON, SUSAN LYNN
10255 S.W. 46 STREET
MIAMI FL 33165

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

Susan L Charlton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/2000

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 PD ☐ Delete
NAME CHARLTON, SUSAN LYNN
STREET ADDRESS 10255 S.W. 46 STREET
CITY-ST-ZIP MIAMI FL 33165

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME BRIAN ANTHONY CHARLTON
STREET ADDRESS 10255 SW 46 STREET
CITY-ST-ZIP MIAMI, FL 33105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan L Charlton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000

Date

(305) 220-7039

Daytime Phone #

CR2E034 (9/99)