

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90043 047 \*\*\*158.75

**DOCUMENT # P99000096774**

1. Entity Name  
**ALL AROUND SERVICES, INC.**

Principal Place of Business  
**19355 NE 10TH AVE**  
**505**  
**MIAMI FL 33179**

Mailing Address  
**19355 NE 10TH AVE**  
**505**  
**MIAMI FL 33179**

2. Principal Place of Business  
**20681 NE 4PL**

3. Mailing Address  
**20681 NE 4PL**

Suite, Apt. #, etc.  
**104**

Suite, Apt. #, etc.  
**104**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33179**

Country

Zip  
**33179**

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0959851**

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

**CADENA, RAFAEL**  
**19355 NE 10TH AVE.**  
**APT 505**  
**NORTH MIAMI FL 33179**

Name **Rafael Cadena**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20681 NE 4th PLACE**  
**APT 104**  
 City **Miami** **FL** Zip Code **33179**

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, 2002 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 ☐ Delete  
 NAME **PCEO**  
 STREET ADDRESS **CADENA, RAFAEL**  
 CITY-ST-ZIP **19355 NE 10TH STREET**  
**NORTH MIAMI FL 33179**

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

TITLE ☐ Delete  
 NAME **STD**  
 STREET ADDRESS **KLEIN, RICHARD**  
 CITY-ST-ZIP **621 CYPRESS POINTE DR**  
**WEST PEMBROKE PINES FL 33027**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP25034 (9/01)