

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90001 009 ***150.00

DOCUMENT # ~~854859~~ **854859**
 1. Entity Name
ALL EXPORT SERVICES, INC.

Principal Place of Business Mailing Address
19236 NE 25 AV. SUITE # 232
AVENTURA FL 33180.

2. Principal Place of Business 3. Mailing Address
As Above **As Above**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0268197.** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Gloria I Jaramillo
19195 Mystic Pointe Dr.
Apt 1009
Aventura FL 33180

7. Name and Address of New Registered Agent
 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]* DATE **4/25/00.**

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 ☐ Delete
 NAME **President**
 STREET ADDRESS **Gloria Jaramillo**
 CITY-ST-ZIP **19195 Mystic point Dr.**
 TITLE ☐ Delete
 NAME **Jorge H. Jaramillo**
 STREET ADDRESS **Vice President**
 CITY-ST-ZIP **Calle 42 Norte # 4N. 12 Cali**
 TITLE ☐ Delete
 NAME **SECRETARY**
 STREET ADDRESS **BLANCA V. LA ROSA**
 CITY-ST-ZIP **19236 NE 25 AV.**
 TITLE ☐ Delete
 NAME **Treas.**
 STREET ADDRESS **Monica La ROSA**
 CITY-ST-ZIP **19236 NE 25 Ave.**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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]* DATE **4/25/00.** (305) 466-0143
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)