

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

V22884
ALL CONSTRUCTION EQUIPMENT SALES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90105 007 ***150.00

Principal Place of Business

Mailing Address

5026 NW 120 AVE
CORAL SPRINGS, FLA
US 33076

SAME

00034613

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0328857

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BUSCH, JOHN E ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BUSCH, CARMEN R ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

CR2E034 (9/99)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Sexton
3/26/99
Attachment
D0634219

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V22884 1. Corporation Name ALL CONSTRUCTION EQUIPMENT SALES, INC.			
Principal Place of Business 14011 SW 130 ST MIAMI FL 33186 US		Mailing Address 14011 SW 130 ST MIAMI FL 33186 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 5026 N.W. 120 AVE Sub, Apt. B, etc.		2a. Mailing Address 2a 5026 N.W. 120 AVE Sub, Apt. B, etc.	
22 Coral Springs, FLA City & State 23 33076 Zip 24 VSA Country		27 Coral Springs, FLA City & State 28 33076 Zip 29 VSA Country	
3. Date incorporated or qualified 03/20/1992		4. FRI Number 05-0828857	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> -\$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent BUSCH, JOHN E. 14011 SW 130 ST MIAMI FL 33186	
9. Name and Address of New Registered Agent 91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 5026 N.W. 120 AVE 93 94 City Coral Springs FL Zip Code 33076		10. Pursuant to the provisions of Sections 807.0502 and 807.1805, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.	
SIGNATURE _____			
12. OFFICERS AND DIRECTORS 12.1 NAME BUSCH, JOHN E. <input type="checkbox"/> DELETE 12.2 STREET ADDRESS 14011 SW 130 ST. 12.3 CITY-STATE-ZIP MIAMI FL 12.4 NAME BUSCH, CARMEN R. <input type="checkbox"/> DELETE 12.5 STREET ADDRESS 14011 SW 130 ST. 12.6 CITY-STATE-ZIP MIAMI FL 12.7 NAME <input type="checkbox"/> DELETE 12.8 STREET ADDRESS 12.9 CITY-STATE-ZIP 12.10 NAME <input type="checkbox"/> DELETE 12.11 STREET ADDRESS 12.12 CITY-STATE-ZIP 12.13 NAME <input type="checkbox"/> DELETE 12.14 STREET ADDRESS 12.15 CITY-STATE-ZIP		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 NAME SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 STREET ADDRESS 5026 N.W. 120 AVE 13.3 CITY-STATE-ZIP Coral Springs, FLA 33076 13.4 NAME SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.5 STREET ADDRESS 5026 N.W. 120 AVE 13.6 CITY-STATE-ZIP Coral Springs, FLA 33076 13.7 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.8 STREET ADDRESS 13.9 CITY-STATE-ZIP 13.10 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP 13.13 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 STREET ADDRESS 13.15 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 Date _____
 Daytime Phone # _____