

UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90009 011 ***150.00

DOCUMENT # **M55240**

1. Entity Name

A-ALL AMERICAN-SCOTTALINE BAIL BONDS, INC.

Principal Place of Business

Mailing Address

1351 N.W. 16th. st.
MIAMI, FLORIDA 33125

P.O. BOX 551446
FORT LAUD, FL. 33355

2. Principal Place of Business

1351 N.W. 16th. st
 Suite, Apt. #, etc.
2nd floor

3. Mailing Address

P.O. BOX 551446
 Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

FT. LAUD. FL 33355

4. FEI Number

59-2821888

Applied For

Not Applicable

Zip
33125

Country
U.S.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH S. SCOTTALINE
4271 S.W. 106th. terr.
DAVIE, FLORIDA 33328

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
JOSEPH S. SCOTTALINE Delete
4271 S.W. 106th. TERR.
DAVIE, FLORIDA 33328

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

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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:



JOSEPH S. SCOTTALINE

05/15/00

305-642-0480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)