

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90073 016 ****61.25

DOCUMENT # N96000003286

1. Entity Name

ALL ABOUT ADOPTIONS, INC.

Principal Place of Business 501 A. EAST NEW HAVEN AVE. MELBOURNE FL 32901	Mailing Address 501 A. EAST NEW HAVEN AVE. MELBOURNE FL 32901-5426
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XXXXXXXXXX



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SAME	3. Mailing Address SAME
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4. FEI Number **59-3193831**

Applied For
Not Applicable

Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
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City & State MELBOURNE FL	City & State SAME
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5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 32901	Country USA	Zip 32901	Country USA
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRASS, MARLENE
445 HARWOOD AVE.
SATELLITE BEACH FL 32937

Name NO CHANGE
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

Marlene Grass (NO CHANGE)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRASS, MIKAL W 400 LESLIE DRIVE, #1006 HALLENDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMOWITZ, BENJAMIN 735 APOLLO CIR. N.E. PALM BAY FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENIUS, SYDNEY 445 SANDY KEY MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, BILL 2258 MOCKINGBIRD LANE INDIALANTIC FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUE, DR. DANIEL 310 HAMLIN AVENUE SATELLITE BEACH FL 32932	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIROV, BARRY 840 NW 108TH AVE MIAMI BEACH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marlene Grass SIGNATURE REQUIRED. **IZOING GRASS** 1-6-00 311-723-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #