

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

See

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90104 041 \*\*\*\*61.25

DOCUMENT # **N96000003286**

1. Entity Name  
**ALL ABOUT ADOPTIONS, INC.**



Principal Place of Business

**503 EAST NEW HAVEN AVE  
MELBOURNE FL 32901**

Mailing Address

**503 EAST NEW HAVEN AVE  
MELBOURNE FL 32901**

2. Principal Place of Business

**701 W. Cypress Creek Road**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 302**

Suite, Apt. #, etc.

City & State  
**Ft. Lauderdale**

City & State  
**Florida**

Zip  
**33309**

Country  
**Broward**

Zip

Country

4. FEI Number **59-3193831**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GRASS, MIKAL W ESQ  
701 W CYPRESS CREEK RD  
#302  
FORT LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mikal W. Grass** **MIKAL W. GRASS** **1/14/03**  
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GRASS, MIKAL W</b>	
STREET ADDRESS	<b>701 W CYPRESS CREEK RD #302</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABRAMOWITZ, BENJAMIN</b>	
STREET ADDRESS	<b>735 APOLLO CIR. N.E.</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32937</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CRUMMEY, PETER</b>	
STREET ADDRESS	<b>380 RIGGS</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, BILL</b>	
STREET ADDRESS	<b>2258 MOCKINGBIRD LANE</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLUE, DR. DANIEL</b>	
STREET ADDRESS	<b>310 HAMLIN AVENUE</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32932</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHNEIROV, BARRY</b>	
STREET ADDRESS	<b>840 NW 108TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b> <b>new address</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUART REED, ESQ</b>	
STREET ADDRESS	<b>940 LINCOLN RD, #219</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEAL ELLENSTEIN ESQ</b>	
STREET ADDRESS	<b>701 W. CYPRESS CREEK RD. # 302</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33309</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARLENE GOLDSTEIN</b>	
STREET ADDRESS	<b>400 LESLIE DRIVE #422</b>	
CITY-ST-ZIP	<b>Hallandale, FL 33009</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2529 Jardin DR.</b>	
STREET ADDRESS	<b>Weston, FL 33327</b>	
CITY-ST-ZIP		

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: **Mikal W. Grass** **1-31-03 9549027859**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)