

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90197 025 \*\*\*550.00

**DOCUMENT # P0000050391**

1. Entity Name

**All Americans Financial Resource Alliance, Inc. (f/k/a:  
African American Financial Resource Alliance, Inc.)**

**DO NOT WRITE IN THIS SPACE**

**80134975**

2. Principal Place of Business <b>2281 Lee Road</b> Suite, Apt. #, etc. <b>Suite 204</b> City & State <b>Winter Park, FL</b> Zip <b>32789</b>		3. Mailing Address <b>2281 Lee Road</b> Suite, Apt. #, etc. <b>Suite 204</b> City & State <b>Winter Park, FL</b> Zip <b>32789</b>		4. FEI Number <b>593684264</b>		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent					
		Name <b>F &amp; L Corp.</b>					
		Street Address (P.O. Box Number is Not Acceptable) <b>200 Laura Street,</b>					
		<b>3rd Floor</b>					
		City <b>Jacksonville</b>		<b>FL</b>		Zip Code <b>32202-3510</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE <b>P/D</b>	NAME <b>Robert Johnson</b>	TITLE	
STREET ADDRESS <b>2281 Lee Road, Suite 204</b>	CITY-ST-ZIP <b>Winter Park, FL 32789</b>	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <b>S/D</b>	NAME <b>Mike Trier</b>	TITLE	
STREET ADDRESS <b>2281 Lee Road, Suite 204</b>	CITY-ST-ZIP <b>Winter Park, FL 32789</b>	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <b>S</b>	NAME <b>Tonda Ford</b>	TITLE	
STREET ADDRESS <b>2281 Lee Road, Suite 204</b>	CITY-ST-ZIP <b>Winter Park, FL 32789</b>	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **08/19/02** **(407) 7740-8881**  
Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT<sup>SM</sup> (UBR)**

*Attachment*

*B0134975*

**DOCUMENT #** P0000050391

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**All Americans Financial Resource Alliance, Inc. (f/k/a  
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>S/D</b>	NAME <b>Mike Trier</b>	TITLE	
STREET ADDRESS <b>2281 Lee Road, Suite 204</b>	CITY-ST-ZIP <b>Winter Park, FL 32789</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>S</b>	NAME <b>Tonda Ford</b>	TITLE	
STREET ADDRESS <b>2281 Lee Road, Suite 204</b>	CITY-ST-ZIP <b>Winter Park, FL 32789</b>	STREET ADDRESS	
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SIGNATURE: \_\_\_\_\_ **08/19/02** (407) 740-8881  
RESIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2F034B (1/2/01)

Attachment

BD134975  
# P00000050391

**FOLEY & LARDNER**  
ATTORNEYS AT LAW

BRUSSELS  
CHICAGO  
DENVER  
DETROIT  
JACKSONVILLE  
LOS ANGELES  
MADISON  
MILWAUKEE  
ORLANDO  
SACRAMENTO  
SAN DIEGO/DEL MAR  
SAN FRANCISCO  
TALLAHASSEE  
TAMPA  
WASHINGTON, D.C.  
WEST PALM BEACH

August 21, 2002

**VIA FEDEX**

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: 2002 Uniform Business Report--All Americans Financial  
Resource Alliance, Inc. (f/k/a African American  
Financial Resource Alliance, Inc.)**

Dear Sir or Madam:

Enclosed please find the original and one copy of the 2002 Uniform Business Report for the above-referenced corporation. Also enclosed is a check in the amount of \$550.00 to cover filing fees. Please date-stamp the copy and return to the undersigned in the enclosed self addressed stamped envelope.

Should you have any questions, please feel free to call.

Very truly yours,



Dawn M. Heavey  
Paralegal

Enclosures  
cc: Robert Johnson

FOLEY & LARDNER  
111 NORTH ORANGE AVENUE, SUITE 1800  
ORLANDO, FLORIDA 32801-2386  
P. O. BOX 2193  
ORLANDO, FLORIDA 32802-2193

TEL: 407.423.7656  
FAX: 407.648.1743  
WWW.FOLEYLARDNER.COM

WRITER'S DIRECT LINE  
407.244.7121

EMAIL ADDRESS  
dheavey@foleylaw.com

CLIENT/MATTER NUMBER  
025525-0101

006.266959.1