

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90186 001 ***150.00

DOCUMENT # P98000077385

1. Entity Name
ALL ABOUT, INCORPORATED

Principal Place of Business Mailing Address
~~1200 SOUTH OCEAN BOULEVARD #2E~~ ~~1200 SOUTH OCEAN BOULEVARD #2E~~
~~BOCA RATON FL 33432~~ ~~BOCA RATON FL 33432-7703~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1180 South Ocean Blvd	3. Mailing Address 1180 South Ocean Blvd
Suite, Apt. #, etc. APT 6E	Suite, Apt. #, etc. APT 6E
City & State Boca Raton Florida	City & State Boca Raton Florida
Zip 33432 Country Palm Beach	Zip 33432 Country Palm Beach

4. FEI Number: **65-0867437** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
ASNES, RONALD S
433 PLAZA REAL SUITE 275
BOCA RATON FL 33432

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 _____ (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. **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	DTP BURYAK-KHAYTOV, ALINA 1180 SOUTH OCEAN BOULEVARD #6E BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV KHAYTOV, ARTHUR 1180 SOUTH OCEAN BOULEVARD #6E BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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

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: *Ronald S. Asnes* **4/11/00 (561) 278-1883**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #