

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90065 006 ***150.00

DOCUMENT # K03154

1. Entity Name

ALL AMERICAN INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

**4560 CREST HAVEN BLVD.
W. PALM BEACH FL 33415
US**

**4560 CREST HAVEN BLVD.
W. PALM BEACH FL 33415-8207
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0012679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAURCLOUGH, MICHAEL
GEN. BUSINESS SVCS. COCO PLUM PLAZA STE. 8
2845 N. MILITARY TRAIL
W. PALM BEACH FL 33409**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	HENDELSON, SCOTT	
STREET ADDRESS	4560 CRESTHAVEN BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HENDELSON, SCOTT	
STREET ADDRESS	4560 CRESTHAVEN BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENDELSON, DENISE	
STREET ADDRESS	4560 CRESTHAVEN BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 561.642-1308

CR2E034 (9/99)