

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M40635

1. Entity Name

ALL AMERICAN REALTY GROUP, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90015 022 ***150.00

Principal Place of Business

Mailing Address

10144 W. INDIANTOWN ROAD
JUPITER FL 33478
US

10144 W. INDIANTOWN ROAD
16133 JUPITER FARMS RD #3
JUPITER FL 33478-6362
US

2. Principal Place of Business

3. Mailing Address

10144 W. INDIANTOWN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JUPITER, FL

Zip

Country

Zip

Country

33478

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2733411

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

FLEMING, KATHRYN C.
16100 JUPITER FAN ROAD
JUPITER FL 33478

Name

Street Address (P.O. Box Number is Not Acceptable)

10144 W. INDIANTOWN ROAD

City JUPITER

FL

Zip Code 33478

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan. 26, 2000
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 DP
NAME FLEMING, KATHRYN C.
STREET ADDRESS 10144 W. INDIANTOWN ROAD
CITY-ST-ZIP JUPITER FL 33478 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP
NAME ROYALS, JANET
STREET ADDRESS 10144 W. INDIANTOWN ROAD
CITY-ST-ZIP JUPITER FL 33478 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn C. Fleming DP, Jan. 26, 2000
561-746-6323
Daytime Phone #