

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000000863**

1. Entity Name

**ALL AMERICAN VOLLEYBALL, INC.**

Principal Place of Business

**10397 SLEEPY BROOK WAY  
BOCA RATON, FL 33428**

Mailing Address

**10397 SLEEPY BROOK WAY  
BOCA RATON FL 33428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1028566**

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

**FARAH, MICHAEL  
10397 SLEEPY BROOK WAY  
BOCA RATON FL 33428**

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

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOEWENTHAL, CONNIE</b>	
STREET ADDRESS	<b>5237 N.W. 33RD AVENUE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOEWENTHAL, RONALD</b>	
STREET ADDRESS	<b>5237 N.W. 33RD AVENUE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FARAH, MICHAEL</b>	
STREET ADDRESS	<b>10397 SLEEPY BROOK WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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:

**Michael Farah**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-02 5614796437****FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90030 011 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)