

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90097 026 \*\*\*\*61.25

**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**

60005110



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**10397 Sleepy Brook Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**10397 Sleepy Brook Way**  
Suite, Apt. #, etc.

City & State  
**Boca Raton FL**  
Zip  
**33428**  
Country  
**Fla-m Belt**

City & State  
**Boca Raton FL**  
Zip  
**33428**  
Country  
**Fla-m Belt**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D LOEWENTHAL, CONNIE**  
**5237 N.W. 33RD AVENUE**  
**FORT LAUDERDALE FL 33309**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D LOEWENTHAL, RONALD**  
**5237 N.W. 33RD AVENUE**  
**FORT LAUDERDALE FL 33309**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D FARAH, MICHAEL**  
**10397 SLEEPY BROOK WAY**  
**BOCA RATON FL 33428**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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 J. Farah**

01-06-03

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CR2E037 (10/02)