

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003286

1. Entity Name

ALL ABOUT ADOPTIONS, INC.

Principal Place of Business

Mailing Address

501 A. EAST NEW HAVEN AVE.
MELBOURNE FL 32901

501 A. EAST NEW HAVEN AVE.
MELBOURNE FL 32901-5426

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MELBOURNE FL

City & State

SAME

Zip

32901

Country

USA

Zip

32901

Country

USA

4. FEI Number

59-3193831

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

Name

NO CHANGE

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

City

FL

Zip Code

GRASS, MARLENE

445 HARWOOD AVE.

SATELLITE BEACH FL 32937

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GRASS, MIKAL W	
STREET ADDRESS	400 LESLIE DRIVE, #1006	
CITY-ST-ZIP	HALLENDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMOWITZ, BENJAMIN	
STREET ADDRESS	735 APOLLO CIR. N.E.	
CITY-ST-ZIP	PALM BAY FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENIUS, SYDNEY	
STREET ADDRESS	445 SANDY KEY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, BILL	
STREET ADDRESS	2258 MOCKINGBIRD LANE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUE, DR. DANIEL	
STREET ADDRESS	310 HAMLIN AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL 32932	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIROV, BARRY	
STREET ADDRESS	840 NW 108TH AVE	
CITY-ST-ZIP	MIAMI BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE REQUIRED

IRVING GRASS 1-6-00 311-723-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90073 016 ****61.25

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DO NOT WRITE IN THIS SPACE