

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90050 013 \*\*\*\*61.25

**DOCUMENT # N96000003286**

1. Entity Name

**ALL ABOUT ADOPTIONS, INC.**

Principal Place of Business

503 EAST NEW HAVEN AVE  
 MELBOURNE FL 32901

Mailing Address

503 EAST NEW HAVEN AVE  
 MELBOURNE FL 32901

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

**59-3193831**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GRASS, MARLENE  
 445 HARWOOD AVE.  
 SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent

Name **MIKAL W. GRASS, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**701 W. CYPRESS CREEK RD.  
 #302  
 FT. LAUDERDALE FL 33309**

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	VP	<input type="checkbox"/> Delete
NAME	GRASS, MIKAL W	
STREET ADDRESS	445 HARWOOD AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
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	CRUMMEY, PETER	
STREET ADDRESS	380 RIGGS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
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	MIKAL W. GRASS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	701 W. CYPRESS CREEK RD. #302	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	MARLENE GRASS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	400 LESLIE DR. #430	
CITY-ST-ZIP	HALLANDALE, FL 33009	
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		
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:

**MIKAL W. GRASS, ESQ., President**

**1/30/02 454-702-2889**

CR2E037 (9/01)