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

See

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90104 041 ****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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 701 W. Cypress Creek Road
Suite, Apt. #, etc.: Suite 302
City & State: Ft. Lauderdale
Zip: 33309 Country: Broward

3. Mailing Address
Suite, Apt. #, etc.:
City & State: Florida
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, MIKAL W ESQ
701 W CYPRESS CREEK RD
#302
FORT LAUDERDALE FL 33309

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: Mikal W. Grass MIKAL W. GRASS 1/14/03
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	P	☐ Delete
NAME	GRASS, MIKAL W	
STREET ADDRESS	701 W CYPRESS CREEK RD #302	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	☐ Delete
NAME	ABRAMOWITZ, BENJAMIN	
STREET ADDRESS	735 APOLLO CIR. N.E.	
CITY-ST-ZIP	PALM BAY FL 32937	
TITLE	D	☑ Delete
NAME	CRUMMEY, PETER	
STREET ADDRESS	380 RIGGS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	☑ Delete
NAME	JOHNSON, BILL	
STREET ADDRESS	2258 MOCKINGBIRD LANE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	☑ Delete
NAME	BLUE, DR. DANIEL	
STREET ADDRESS	310 HAMLIN AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL 32932	
TITLE	D	☐ Delete
NAME	SCHNEIROV, BARRY	
STREET ADDRESS	~~840 NW 108TH AVE~~	
CITY-ST-ZIP	~~MIAMI BEACH FL~~ New address-	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	STUART REED, ESQ	
STREET ADDRESS	940 LINCOLN RD, #319	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D. NEAL EISENSTEIN ESQ.	☒ Change ☐ Addition
NAME	701 W. CYPRESS CREEK RD. #302	
STREET ADDRESS	FT. LAUDERDALE, FL 33309	
CITY-ST-ZIP	DIRECTOR	
TITLE	D ARLENE GOLDSTEIN	☐ Change ☐ Addition
NAME	400 Leslie DRIVE #422	
STREET ADDRESS	Hallandale, FL. 33009	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	2529 Jardin DR.	
STREET ADDRESS	Weston, FL. 33327	
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: MICHELLE PEREZ-RIVAS 1-31-03 954 202 7889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E037 (10/02)