

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90065 016 ***150.00

DOCUMENT # P00000033336

1. Entity Name

ALL NATIONS, INC.

Principal Place of Business

**7721 HAMPTON BLVD.
 NORTH LAUDERDALE FL 33068**

Mailing Address

**7721 HAMPTON BLVD.
 NORTH LAUDERDALE FL 33068**

2. Principal Place of Business

11640 NW. 56 DRIVE

3. Mailing Address

11640 NW. 56 DRIVE

Suite, Apt. #, etc.

21-107

Suite, Apt. #, etc.

21-107

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS -

4. FEI Number

65-1014342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, KEITH
 7721 HAMPTON BLVD.
 NORTH LAUDERDALE FL 33068**

7. Name and Address of New Registered Agent

Name

KEITH ROBINSON

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

11640 NW. 56 DRIVE

SUIT 21-107

City

CORAL SPRINGS.

FL

Zip Code

33076

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
 NAME **ROBINSON, KEITH**
 STREET ADDRESS **7721 HAMPTON BLVD.**
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE **SVD** ☐ Delete
 NAME **BRADIE, JOAN**
 STREET ADDRESS **7721 HAMPTON BLVD.**
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
 NAME **KEITH ROBINSON KEITH**
 STREET ADDRESS **11640 NW 56 DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **SVD** ☒ Change ☐ Addition
 NAME **BRADIE JOAN**
 STREET ADDRESS **11640 NW 56 DRIVE.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Keith Robinson** **KEITH ROBINSON**

2/1/01

954-255-8958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)