

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096616

1. Entity Name

ALL ABOUT LISTS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90250 028 ***150.00

Principal Place of Business

20180 BACK NINE DR.
BOCA RATON FL 33498

Mailing Address

20180 BACK NINE DR.
BOCA RATON FL 33498

2. Principal Place of Business

23122 B Sandalwood Plaza Dr
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State

Zip
33428-6627

Country
USA

Zip

Country

4. FEI Number

65-1046746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COHEN, MARIA
20180 BACK NINE DR.
BOCA RATON FL 33498

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.

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
COHEN, MARIA
20180 BACK NINE DR.
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Cohen

4/5/01

Date

561-852-1116

Daytime Phone #

CR2E034 (10/00)