## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000110782						
1. Entity Name New All America, Inc.						
				FILED		
Principal Place of Business Mailing Address 1170 NW 79 St 208B 1170 NW 79 St. 208B			03 MAY 13 AM 11: 14			
Miami, Florida 33150	Miami, Florida 33150		}	SECRETARY OF STATE		
iù.				TALLAHASSEE, FL		
2. Principal Place of Business	3. Mailing Address	4	-	:	·	
1170 NW 79 St.208B Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
	208B         same           City & State         City & State		4. FEI Number . Applied For			
Miami, Florida 33150 same		·			Not Applicable	
Zip Country 33150 Miami-Dade	Zip 33150	Country Miami-Da	de 5. Certifica	ate of Status Desired XX	\$8.75 Additional Fee Required	
6. Name and Address of Curr	ent Registered Agent	Name	7. Name a	nd Address of New Registered	Agent	
Graf Paige	ŕ		·	A CONTRACTOR OF THE CONTRACTOR		
1170 N.W. 79 Street 208B	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
Miami, Florida 33150						
9		City		F	Zip Code	
8. The above named entity submits this statemen	nt for the purpose of changing its	registered office or re	egistered agent, or	ooth, in the state of Florida.		
	10		•	3107		
SIGNATURE Signature, typed or printed same of registered a	cett and title if applicable (NOT	E: Registered Agent signature	required when reinstating)	5-1-03	}	
FILE NOW:	9. Election Campaign	- Financina		1 1	'12'	
FEE IS \$61.25		• -	\$5.00 May Be		Payable to	
	Trust Fund Contrib	• -	\$5.00 May Be Added to Fees	Make Check Departmen		
10. V OFFICERS AND	Trust Fund Contrib	11.	Added to Fees  ADDITIONS/	Department CHANGES TO OFFICERS AND D	IRECTORS IN 10	
10.	Trust Fund Contrib	11.	Added to Fees  ADDITIONS/	Department CHANGES TO OFFICERS AND D	IRECTORS IN 10	
10.	Trust Fund Contrib	11.	Added to Fees  ADDITIONS/C  Lloyd C  631 N.V	Department CHANGES TO OFFICERS AND D Cheever VPDirect 1. 177 St-#110	IRECTORS IN 10	
10. V OFFICERS AND  TITLE Felix Demmings  NAME  STREET ADDRESS 1170 NW 79 St- CITY-ST-ZIP Miami, Florida	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Added to Fees  ADDITIONS/C  Lloyd C 631 N.W Miami,	Department	DIRECTORS IN 10	
10. , OFFICERS AND  TITLE Felix Demmings  NAME  STREET ADDRESS 1170 NW 79 St- CITY-ST-ZIP Miami, Florida  TITLE VPDirector	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/C  Lloyd ( 631 N.W  Miami,  Yewande	Department Changes to OFFICERS AND D Cheever VPDirect 7. 177 St-#110 Florida 33169 E Sode VP Direct	DIRECTORS IN 10	
10. , OFFICERS AND  TITLE Felix Demmings  NAME STREET ADDRESS CITY-ST-ZIP Miami, Florida  TITLE VPDirector  NAME ROBERT Demming STREET ADDRESS 9777 Westview	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS	Added to Fees  ADDITIONS/C Lloyd ( 631 N.V Miami,  Yewande 6135 NV	Department	DIRECTORS IN 10	
10. , OFFICERS AND  TITLE Felix Demmings  NAME  STREET ADDRESS CITY-ST-ZIP Miami, Florida  TITLE VPDirector  NAME ROBERT ADDRESS 9777 Westview  CITY-ST-ZIP Coral Springs,	Trust Fund Contrib	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/O Lloyd ( 631 N.W Miami,  Yewande 6135 NW Miami,	Changes to OFFICERS AND DE Cheever VPDirect 177 St-#110 Florida 33169  Sode VP Direct 186 St #112 Florida 33169	IRECTORS IN 10  THE Change X Addition	
10. , OFFICERS AND  TITLE Felix Demmings  NAME  STREET ADDRESS 1170 NW 79 St- CITY-ST-ZIP Miami, Florida  TITLE VPDirector  NAME ROBert Demming  STREET ADDRESS 9777 Westview CITY-ST-ZIP Coral Springs,	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS	Added to Fees  ADDITIONS/C  Lloyd ( 631 N.W  Miami,  Yewande 6135 NW  Miami,  Comfy 1	Changes to OFFICERS AND DE Cheever VPDirect 177 St-#110 Florida 33169  Sode VP Direct 186 St #112 Florida 33169  Cho CS Dir.	DIRECTORS IN 10	
10. , OFFICERS AND  TITLE Felix Demmings  STREET ADDRESS CITY-ST-ZIP Miami, Florida  TITLE VPDirector  NAME STREET ADDRESS CITY-ST-ZIP Coral Springs,  TITLE CS Director  NAME SUE DEMMINGS  STREET ADDRESS STREET ADDRE	Trust Fund Contrib	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Added to Fees  ADDITIONS/O Lloyd C 631 N.V Miami,  Yewande 6135 NV Miami,  Comfy 1 6135 NV	Department Changes to OFFICERS AND D Cheever VPDirect 7. 177 St-#110 Florida 33169 E Sode VP Direct 7 186 St #112 Florida 33169 Cbo CS Dir. 7 186 St #112	IRECTORS IN 10  THE Change X Addition	
10. , OFFICERS AND  IITLE Felix Demmings  NAME STREET ADDRESS 1170 NW 79 St- CITY-ST-ZIP Miami, Florida  VPDirector  NAME Robert Demming STREET ADDRESS 9777 Westview COral Springs, IITLE CS Director  NAME SUBJECT ADDRESS 3030 NW 191 St CITY-ST-ZIP Miami, Florida	Trust Fund Contrib	T11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME' STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/C Lloyd C 631 N.V Miami,  Yewande 6135 NV Miami,  Comfy 1 6135 NV Miami,	Department Changes to OFFICERS AND D Cheever VPDirect 7. 177 St-#110 Florida 33169 E Sode VP Direct 7 186 St #112 Florida 33169 Ebo CS Dir. 7 186 St #112 Florida 33015	Thange Addition	
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10. , OFFICERS AND  TITLE Felix Demmings  STREET ADDRESS CITY-ST-ZIP Miami, Florida  TITLE VPDirector  Robert Demming  9777 Westview  Coral Springs,  TITLE CS Director  NAME STREET ADDRESS CITY-ST-ZIP Sue Demmings  3030 NW 191 St  Miami, Florida  TITLE MAME  STREET ADDRESS CITY-ST-ZIP  TITLE SITEET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP	Trust Fund Contrib	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/C Lloyd C 631 N.V Miami,  Yewande 6135 NV Miami,  Comfy 1 6135 NV Miami,	Department Changes to OFFICERS AND D Cheever VPDirect 7. 177 St-#110 Florida 33169 E Sode VP Direct 7 186 St #112 Florida 33169 Ebo CS Dir. 7 186 St #112 Florida 33015	Thange Addition  Change Addition  Change Addition	
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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: Fely Demonsor

April 15th (305) 694-9676

Date

Daytime Phon

Daytime Phone #