

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90018 004 ***150.00

DOCUMENT # P95000047988

1. Entity Name

ALL AMERICAN FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

**3802 EHRlich RD.
 SUITE 306
 TAMPA FL 33624
 US**

**3802 EHRlich RD.
 STE 302
 TAMPA FL 33618-4568
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2901 W. Busch Blvd.

2901 W. Busch Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

610

610

City & State

City & State

Tpc. FL.

Tpc. FL.

Zip

Country

Zip

Country

33618

USA

33618

USA

4. FEI Number

59-3323333

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEFLER, FRANKLIN J
 3324 KAKORA DR
 TAMPA FL 33634**

Name

Robert G. Alvarez

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

3110 Tarasome Dr.

City

Tampa

FL

Zip Code

33618

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

Robert G. Alvarez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-14-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
STD	ALVAREZ, ROBERT G	3802 EHRlich RD., SUITE 306	TAMPA FL	<input type="checkbox"/>
PD	LEFLER, FRANKLIN JR.	3802 EHRlich RD., SUITE 306	TAMPA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Robert G. Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

DATE

(813) 936-0665

Daytime Phone #

CR2E034 (9/99)