

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046623

1. Entity Name

ALL AMERICA INTERNET, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90005 036 ***158.75

Principal Place of Business

440 E. SAMPLE RD
STE 208
POMPANO BCH FL 33064

Mailing Address

440 E. SAMPLE RD
STE 208
POMPANO BCH FL 33064-4440

2. Principal Place of Business

1450 S. Dixie Hwy
Suite, Apt. #, etc.
#101
City & State
Boca Raton FL
Zip
33432
Country
US

3. Mailing Address

1450 So. Dixie Hwy
Suite, Apt. #, etc.
#101
City & State
Boca Raton FL
Zip
33432
Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0836681

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICKETTS, THOMAS R
2905 N.W. 64TH AVENUE
MARGATE FL 33063

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, 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 D
NAME RICKETTS, THOMAS R
STREET ADDRESS 2905 N.W. 64TH AVENUE
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE P.D
NAME Ricketts, Thomas R.
STREET ADDRESS 2905 N.W. 64th Avenue
CITY-ST-ZIP Margate, FL 33063 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Y
NAME HECTOR, Jeffrey
STREET ADDRESS 568402 ARBOR CLUB WAY
CITY-ST-ZIP BOCA RATON, FL 33433 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)