

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046623

1. Entity Name  
ALL AMERICA INTERNET, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90008 007 \*\*\*150.00

Principal Place of Business

1450 S DIXIE HWY  
#101  
BOCA RATON FL 33432  
US

Mailing Address

1450 S DIXIE HWY  
#101  
BOCA RATON FL 33432  
US

763194

2. Principal Place of Business

446 E. Sample Road  
Suite, Apt. #, etc.  
#201-1

3. Mailing Address

2905 NW 64 Ave  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach FL

City & State

Margate FL

4. FEI Number 65-0836681

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33063

Country

US

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RICKETTS, THOMAS R	
STREET ADDRESS	2905 N.W. 64TH AVENUE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	V	<input type="checkbox"/> Delete
NAME	HECTOR, JEFFREY	
STREET ADDRESS	568402 ARBOR CLUB WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Thomas R. Ricketts, Pres* 4/26/01 9543250101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)