

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077385

1. Entity Name

ALL ABOUT, INCORPORATED

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90186 001 \*\*\*150.00

Principal Place of Business

~~1200 SOUTH OCEAN BOULEVARD #2E~~  
~~BOCA RATON FL 33432~~

Mailing Address

~~1200 SOUTH OCEAN BOULEVARD #2E~~  
~~BOCA RATON FL 33432-7703~~

2. Principal Place of Business

1180 South Ocean Blvd  
Suite, Apt. #, etc.  
Apt 6E

3. Mailing Address

1180 South Ocean Blvd  
Suite, Apt. #, etc.  
Apt 6E

City & State

Boca Raton Florida  
Zip 33432 Country Palm Beach

City & State

Boca Raton Florida  
Zip 33432 Country Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0867437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ASNES, RONALD S  
433 PLAZA REAL SUITE 275  
BOCA RATON FL 33432

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, 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

TITLE DTP  
NAME BURYAK-KHAYTOV, ALINA  
STREET ADDRESS 1180 SOUTH OCEAN BOULEVARD #6E  
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE SDV  
NAME KHAYTOV, ARTHUR  
STREET ADDRESS 1180 SOUTH OCEAN BOULEVARD #6E  
CITY-ST-ZIP BOCA RATON FL 33432 ☐ 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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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 #

4/11/00 (561) 278-1883