

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107331

1. Entity Name

ALL ABOUT MATERNITY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90144 018 ***150.00

Principal Place of Business

Mailing Address

2511 PONCE DE LEON BLVD., SUITE 205
 CORAL GABLES FL 33134

1102 SW 156TH TERRACE
 LIGHTHOUSE PT FL 33027-2232
 US

2. Principal Place of Business

3. Mailing Address

15985 Pines Blvd.

15985 Pines Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, Fla

City & State

Pembroke Pines, Fla

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33027

Country

USA

Zip

33027

Country

USA

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

REISMAN, JEROME S
 2511 PONCE DE LEON BLVD., SUITE 205
 CORAL GABLES FL 33134

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 PD ☐ Delete
 NAME NASH, LINDA H
 STREET ADDRESS 2511 PONCE DE LEON BLVD., SUITE 205
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
 NAME 15985 Pines Blvd
 STREET ADDRESS Pembroke Pines, Fla 33027
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME NASH, MARK S
 STREET ADDRESS 2511 PONCE DE LEON BLVD., SUITE 205
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
 NAME 15985 Pines Blvd.
 STREET ADDRESS Pembroke Pines, Fla 33027
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Linda H Nash
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 954-443-6850
 Date Daytime Phone #

C-014 (9/99)