

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90033 037 \*\*\*158.75

**DOCUMENT #** P99000025466  
**1. Entity Name**  
ALL BUSINESS BROKERS, INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 203 E. LIVINGSTON ST.		<b>3. Mailing Address</b> 5437 HANSEL AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FL.		City & State ORLANDO, FL	
Zip 32801	Country ORANGE	Zip 32809	Country ORANGE

**80058564**

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-3564610	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> PERLA, HENRY L	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 203 E. LIVINGSTON ST	
<b>City</b> ORLANDO	<b>FL Zip Code</b> 32801

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DP LARRY PERLA, I. 5437 HANSEL AVE. # J-10 ORLANDO, FL 32809	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Larry Perla (PRES)* I: LARRY PERLA 3/23/2002 407-8553865  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)