

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90103 023 ***158.75

DOCUMENT # P99000061791

1. Entity Name

ALL AMERICAN LINES, INC.

Principal Place of Business

4755 NW 95TH DR.
CORAL SPRINGS FL 33076

Mailing Address

4755 NW 95TH DR.
CORAL SPRINGS FL 33076

2. Principal Place of Business

4755 NW 95 DRIVE

3. Mailing Address

4755 NW 95 DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs Fla

City & State

Coral Springs Fla.

Zip

33076

Country

Zip

33076

Country

4. FEI Number

65-0851837

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NESBETH, PAUL A
4755 NW 95TH DR.
CORAL SPRINGS FL 33076

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

Paul NESBETH (President)

Paul Nesbeth

8-10-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	NESBETH, PAUL A	
STREET ADDRESS	4755 NW 95TH DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Paul NESBETH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-00

Date

954 796 9309

Daytime Phone #

CR2E034 (5/00)

Attachment
DH#DW7778
DH#P99000061791

To Whom It May Concern

This is a note to aware
you of the fact that this is the
first and only notice that I have
received regarding 2000 USB.

As per conversation with your
personnel 'Sean' he informed me
to send a note and \$150.00 to
take care of this matter.

Sorry for any inconveniences that
this may have caused.

Thank You

Paul N. D. D.

ALL AMERICAN LINES INC

954 7969309.