2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068664

1. Entity Name

ALL AMERICAN IMMIGRATION ASSOCIATION, INC.

FILED

01 MAR 14 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1515 UNIVERSITY DR. SUITE 111 CORAL SPRINGS FL 33071	1515 UNIVERSITY DR. SUITE 111 CORAL SPRINGS FL 33071

2. Principal Place of Business	3. Mailing Address
224 Datura Street	224 Datura Street
Suite, Apt. #, etc.: Suite 1315	Suite, Apt. #, etc.: Suite 1315
City & State: West Palm Beach	City & State: West Palm Beach
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. FEI Number: 65-0938530 — Applied For / Not Applicable

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
ARMOOGRAM, MICHAEL A 1515 UNIVERSITY DR, SUITE 111 CORAL SPRINGS FL 33071	Name: Anthony Ramos Street Address (P.O. Box Number Not Acceptable): 224 Datura Street Suite 1315 City: West Palm Beach FL Zip Code: 33401

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 _____ 3-10-11
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMOOGRAM, MICHAEL A 1515 UNIVERSITY DR, SUITE 111 CORAL SPRINGS FL 33071 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Anthony Ramos 224 Datura Street #1315 WPB, FL 33401 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003891996--9 -03/22/01--01019--007 ****550.00 ****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 00-01
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003891996--9 --03/22/01--01019--008 ****350.00 ****350.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 REQUIRED — 9-22-00 — 694-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #