

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

Principal Place of Business

1515 UNIVERSITY DR. SUITE 111
CORAL SPRINGS FL 33071

Mailing Address

1515 UNIVERSITY DR. SUITE 111
CORAL SPRINGS FL 33071

2. Principal Place of Business

224 Datura Street
Suite 1315
West Palm Beach
33401 USA

3. Mailing Address

224 Datura Street
Suite 1315
West Palm Beach
33401 USA

4. FEI Number
65-0938530

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

ARMOOGRAM, MICHAEL A
1515 UNIVERSITY DR, SUITE 111
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-11

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 NAME	PD ARMOOGRAM, MICHAEL A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1515 UNIVERSITY DR, SUITE 111	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD Anthony Ramos	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	224 Datura Street #1315	
CITY-ST-ZIP	WPB, FL 33401	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT (00-0)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

972-0058 694-2400
Date Daytime Phone #