

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069043

1. Entity Name

ALL AMERICAN DEVELOPMENT CORP.

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90112 034 \*\*\*150.00

Principal Place of Business

18506 NORTHEAST 5TH AVENUE  
N MIAMI BEACH FL 33179

Mailing Address

18506 NORTHEAST 5TH AVENUE  
N MIAMI BEACH FL 33179-4520

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

65-0937873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Eric Draudt**

Street Address (P.O. Box Number is Not Acceptable)  
**4051 S.W. 102 Ave.**

City **Davie**

**33328 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

*Eric Draudt*

ERIC DRAUDT, SEC.

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

TITLE **PD** ☒ Delete  
NAME **COHEN, JACOB**  
STREET ADDRESS **18506 NORTHEAST 5TH AVENUE**  
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE **SVD** ☐ Delete  
NAME **GONDOLA, ANTHONY F**  
STREET ADDRESS **18506 NORTHEAST 5TH AVENUE**  
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE **TD** ☐ Delete  
NAME **REINER, PAUL B**  
STREET ADDRESS **18506 NORTHEAST 5TH AVENUE**  
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONAL OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **REINER, PAUL B**  
STREET ADDRESS **3530 N 55TH AVENUE**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **VD** ☐ Change ☒ Addition  
NAME **MANTON, STEPHEN J.**  
STREET ADDRESS **18506 NE 5TH AVENUE**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL. 33179**

TITLE **SD** ☐ Change ☒ Addition  
NAME **DRAUDT, ERIC**  
STREET ADDRESS **4051 SW 102ND AVENUE**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **TD** ☒ Change ☐ Addition  
NAME **GONDOLA, ANTHONY F.**  
STREET ADDRESS **18506 NE 5TH AVENUE**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Signature of Paul B. Reiner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/00

Date

305-652-2244

Daytime Phone #

CR2E034 (9/99)