## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # \$83846**

1. Entity Name
ALL AMERICAN INVESTMENTS, INC.

Principal Place of Business

402 HIGH POINT DR
COCOA FL 32926
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

Country

Zip

Country

Country

## FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90054 024 \*\*\*150.00



| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |   |   | DO NOT WRITE IN THIS SPACE                               |          |                           |                               |
|--|---|---------------------|---|---|--|----------|---------------------------|-------------------------------|
| City & State   |   | City & State        |   | 4. F  | El Number <b>59-3085683</b>                              |          |                           | pplied For<br>ot Applicable   |
| Zip  | Country   | Zip                 | Country   | <b>5</b> . C  | ertificate of Status Desired                             |          | <b>8.75</b> Addee Require |                               |
|  |   | 7. N                | ame and Address of New Regis                                  | tered Ag  | ent  |          |                           |                               |
| LINTZ, LESTER<br>1970 MICHIGAN AVENUE<br>BLDG. C<br>COCOA FL 32922   |   |                     | Name<br>Street Addres   | Name Street Address (P.O. Box Number is Not Acceptable) |  |          |                           |                               |
|  |   |                     | City  | <u> </u>  |  | FL       | Zip Coo                   | e                             |
| 0 Ti   |   |                     |   |   | and an heath in the Chat of Florida                      |          |                           |                               |
| 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 |   |                     |   |   |  |          |                           |                               |
| Tax filing requirement and elects to do so. After MAY 1, 2   |   |                     | FEE IS \$150.00<br>Fee will be \$550.00<br>to Department of S |   | 10. Election Campaign Financ<br>Trust Fund Contribution. | ng       |                           | <b>)0</b> May Be<br>d to Fees |
| 11.  | OFFICERS AND D  | IRECTORS            | 12.   | AD  | DITIONS/CHANGES TO OFFICE                                | RS AND I | DIRECTOR                  | IS IN 11                      |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | DP<br>Shah, Mahesh R.<br>702 Hawksbill Island Dr.<br>Satellite Beach Fl | ☐ Delete            | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         |   |  |          | □ Change                  | Addition                      |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP   | DS<br>Shah, rashmi<br>702 Hawksbill Island Dr.<br>Satellite Beach Fl    | ☐ Delete            | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         |   |  |          | ☐ Change                  | Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DVP<br>SHAH, RAJENDRA R.<br>1504 CLEARLAKE RD<br>COCOA FL               | ☐ Delete            | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         |   |  |          | Change                    | ☐ Add tion                    |
| TITLE<br>NAME<br>STREEF ADDRESS<br>CITY-ST-ZIP   | DT<br>Shah, Kanan<br>1504 Clearlake Road<br>Cocoa Fl                    | ☐ Delete            | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         |   |  |          | ☐ Change                  | ☐ Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete            | TITLE NAME STREET ADDRESS CITY-S7-ZIP                         |   |  |          | ☐ Change                  | ☐ Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete            | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         |   | 440 07(0V) FI : 14 0                                     |          | ☐ 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:

AT CROSS STATE
AT TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/20/01

201 690 080 7

32E034 (10/00)