

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90017 039 ***150.00

DOCUMENT # V68094

1. Entity Name

ALL AMERICAN DISTRIBUTORS, INC.

Principal Place of Business

**4288 L.B. MCLEOD ROAD
ORLANDO FL 32811-5680
US**

Mailing Address

**4288 L.B. MCLEOD ROAD
ORLANDO FL 32811-5680
US**

2. Principal Place of Business

**5233 S. JOHN YOUNG PKWY
Suite, Apt. #, etc.**

3. Mailing Address

**8914 ROYAL BIRKDALE LANE
Suite, Apt. #, etc.**

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

59-3373548

Applied For

Not Applicable

Zip

Country

32839 ORANGE

Zip

Country

32819 ORANGE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANGHNANI, KENNY
4288 L.B. MCLEOD ROAD
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

MANGHNANI KENNY

Street Address (P.O. Box Number is Not Acceptable)

8914 ROYAL BIRKDALE LANE

City

ORLANDO

FL

Zip Code

32819

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

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, 2002 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 **P** ☐ Delete
NAME **MANGHNANI, KENNY**
STREET ADDRESS **4288 L.B. MCLEOD ROAD**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **MANGHNANI KENNY**
STREET ADDRESS **5233 S. JOHN YOUNG PKWY**
CITY-ST-ZIP **ORLANDO, FLORIDA 32839**

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/02

Date

(407) 438-9009

Daytime Phone #

CR2E034 (9/01)