

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90314 010 ***150.00

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DOCUMENT # V68094

1. Entity Name
ALL AMERICAN DISTRIBUTORS, INC.



Principal Place of Business
5233 S. JOHN YOUNG PKWY
ORLANDO FL 32839
US

Mailing Address
8914 ROYAL BIRKDALE LANE
ORLANDO FL 32819
US

10104141



2. Principal Place of Business
11119 W. COLONIAL DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCLOEE, FLORIDA

City & State

4. FEI Number
59-3373548

Applied For
Not Applicable

Zip
34761

Country
ORANGE

Zip

Country

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

MANGHNANI, KENNY
8914 ROYAL BIRKDALE LANE
ORLANDO FL 32819

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MANGHNANI, KENNY
5233 S. JOHN YOUNG PKWY
ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MANGHNANI KENNY
11119 W. COLONIAL DRIVE
OCLOEE, FLORIDA 34761

☒ Change
☐ Addition
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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 **(407) 6546700**

Date

Daytime Phone #

CR2E034 (10/02)