

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N98000007327

FILED
Jun 21, 2000 8:00 am
Secretary of State

03-02-2000 90009 045 ****75.00

1. Entity Name

K.A.B.B., INC.

Principal Place of Business

4309 N.W. 5TH AVE
 FORT LAUDERDALE FL 33309

Mailing Address

4309 N.W. 5TH AVE
 FORT LAUDERDALE FL 33309-4702

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 100578

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

Country

33310-0578 Broward

4. FEI Number

65-0887745

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

FLEURIMA, CLAROBERT
 4309 N.W. 5TH AVE
 FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

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.

SIGNATURE

Clarobert Fleurima PRESIDENT

02-12-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE	President - Director <input type="checkbox"/> Delete
NAME	clarobert Fleurima
STREET ADDRESS	4309 NW 5 AVE.
CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	Vice President <input type="checkbox"/> Delete
NAME	RAYNAL EXCEUS
STREET ADDRESS	590 NW 116 st
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	Secretary - Director <input type="checkbox"/> Delete
NAME	Eliternne stinFIL
STREET ADDRESS	601 NW 42 AVE Apt #206
CITY-ST-ZIP	plantation, FL 33317
TITLE	Treasury - Director <input type="checkbox"/> Delete
NAME	clonrie Fleurima
STREET ADDRESS	4309 NW 5 AVE
CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	Assistant Treasury <input type="checkbox"/> Delete
NAME	CLONIA MAURANCY
STREET ADDRESS	3951 NW 36 TERRACE
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
TITLE	Counselor <input type="checkbox"/> Delete
NAME	FRANTZ EXCEUS
STREET ADDRESS	590 NW 116 st
CITY-ST-ZIP	MIAMI, FL 33168

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Counselor <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renand ALCIUS
STREET ADDRESS	101 NE 20st
CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	Counselor <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abbanio Robert
STREET ADDRESS	1507 NW 11 circles Apt # 62
CITY-ST-ZIP	Pompano Bch, FL 33069
TITLE	Counselor <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER LUCIUS
STREET ADDRESS	4291 NW 19 st Apt D111
CITY-ST-ZIP	LAUDERHILL FL 33013
TITLE	Counselor <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOBERT EXCEUS
STREET ADDRESS	590 NW 116 st
CITY-ST-ZIP	MIAMI FL 33168
TITLE	Counselor <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE B. LEMIEUX
STREET ADDRESS	7940 SW 10st Apt #4
CITY-ST-ZIP	North Lauderdale, FL 33068
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clarobert Fleurima PRESIDENT 02-12-2000 (854) 5654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)