

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90159 031 ****75.00

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1. Entity Name
K.A.B.B., INC.

Principal Place of Business
**4309 N.W. 5TH AVE
FORT LAUDERDALE FL 33309**

Mailing Address
**P.O. BOX 100578
FT. LAUDERDALE FL 33310**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0881745**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** Delete
NAME **ALCIUS, RENAUD**
STREET ADDRESS **101 NE 20 STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** Delete
NAME **ALBANIO, ROBERT**
STREET ADDRESS **1507 NW 11 CIRCLES APT. #62**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** Delete
NAME **WAGNER, LUCIUS**
STREET ADDRESS **4291 NW 18 STREET APT. P-111**
CITY-ST-ZIP **LAUDERHILL FL 33213**

TITLE Change Addition
NAME **Renaud EXCEUS (CD)**
STREET ADDRESS **17690 NE 6 Ave N. Miami beach FL**
CITY-ST-ZIP **33162**

TITLE **CD** Delete
NAME **EXCEUS, FLOBERT**
STREET ADDRESS **590 NW 116 STREET**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** Delete
NAME **LEMIEUX, PIERRE B**
STREET ADDRESS **79405 SW 10 STREET APT.#4**
CITY-ST-ZIP **POMPANO BEACH FL 33068**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Delete
NAME **CLAROBERT, FLEURIMA**
STREET ADDRESS **4309 NW 5TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE Change 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 617, 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: **SIGNATURE REQUIRED** *Clarobert Fleurima* 03-22-03

CR2E037 (10/02)