

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90157 022 ***150.00

AY 7/1/01/0

DOCUMENT # P00000011564

1. Entity Name
ABOLAFIA & ASSOCIATES, INC.

Principal Place of Business 6525 NW 95TH LANE PARKLAND FL 33076	Mailing Address 6525 NW 95TH LANE PARKLAND FL 33076
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2. Principal Place of Business 12800 NW 73RD ST	3. Mailing Address 12800 NW 73RD ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PARKLAND FL	City & State PARKLAND FL
Zip 33076	Zip 33076
Country USA	Country USA

4. FEI Number 65-0979609	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VECCHIO, JOSEPH A JR
2929 EAST COMMERCIAL BLVD. PH A
FT LAUDERDALE FL 33308

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 _____ (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 PD	<input type="checkbox"/> Delete
NAME ABOLAFIA, ISAAC	
STREET ADDRESS 6525 NW 95TH LANE	
CITY-ST-ZIP PARKLAND FL 33076	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABOLAFIA, ISAAC	
STREET ADDRESS 12800 NW 73RD ST	
CITY-ST-ZIP PARKLAND, FL 33076	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

2/7/02 **954-960-4601**

CR2E034 (9/01)