

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91307 008 \*\*\*150.00

**DOCUMENT # P01000099798**

1. Entity Name  
**A.B.R. INVESTMENTS, INC.**

Principal Place of Business  
**5232 MATADOR COURT BLDG 33 SUITE 12  
 TAMPA FL 33617**

Mailing Address  
**5232 MATADOR COURT BLDG 33 SUITE 12  
 TAMPA FL 33617**

40040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**540 West Shook Plaza**

3. Mailing Address  
**6085 Coral By Rd**

Suite, Apt. #, etc.  
**Camb. 540**

Suite, Apt. #, etc.  
**6085**

City & State  
**Tampa FL**

City & State  
**Tampa FL**

4. FEI Number  
**59-3751407**

Applied For  
 Not Applicable

Zip  
**33609**

Country

Zip  
**33647**

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

**SALAHAT, SALAH**  
**5232 MATADOR COURT BLDG 33 SUITE 12**  
**TAMPA FL 33617**

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

4-29-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME           | STREET ADDRESS                      | CITY-ST-ZIP    | <input type="checkbox"/> Delete |
|-------|----------------|-------------------------------------|----------------|---------------------------------|
| D     | SALAHAT, SALAH | 5232 MATADOR COURT BLDG 33 SUITE 12 | TAMPA FL 33617 | <input type="checkbox"/>        |
|       |                |                                     |                | <input type="checkbox"/>        |
|       |                |                                     |                | <input type="checkbox"/>        |
|       |                |                                     |                | <input type="checkbox"/>        |
|       |                |                                     |                | <input type="checkbox"/>        |
|       |                |                                     |                | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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

Date

Daytime Phone #

4-29-02

CR2E034 (9/01)