

2000 UNIFORM BUSINESS REPORT (UBR)

6/5/0

FILED

Jul 07, 2000 8:00 am
Secretary of State

06-05-2000 90045 020 ***150.00

DOCUMENT # P95000050764

1. Entity Name

A B MANAGEMENT SERVICES OF NEW JERSEY, INC.

Principal Place of Business

BRICKELL AVE
FL 33131

Mailing Address

3980 HUNTINGDON PIKE.
SUITE 201
HUNTINGDON VALLEY PA 19006-1927
US

Principal Place of Business

15th Ave
Suite, Apt. #, etc.
3802 NE 207th Ave #2003

City & State
Aventura FL

Zip
33180

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-3245243

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERKIN, STEWART A
444 BRICKELL AVE
SUITE 300 RIVERGATE PLAZA
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
ANTHONY J. FILITI
Street Address (P.O. Box Number is Not Acceptable)
1 15th Ave
3802 NE 207th Ave #2003
City
Aventura FL Zip Code
33180

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 5-23-2000

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>P FILITI, ANTHONY P 207 HANOVER ST PEMMONTONHIA NJ 08068</p> <p><input checked="" type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PRESIDENT FILITI ANTHONY J. 1 15th Ave 3802 NE 207th Ave #2003 Aventura FL 33180</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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<p>PRESIDENT ANTHONY J. FILITI 3802 NE 207th Aventura FL 33180</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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: ANTHONY J. FILITI Pres. 5-23-2000 609-3046212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/95)