

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041464

1. Entity Name

ABE'S HOTEL-AIRPORT CAR SERVICE CORP.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90027 004 ***150.00

Principal Place of Business

Mailing Address

1213 LAKE AVENUE #116
 LAKE WORTH FL 33460

P.O. BOX 1177
 BOYNTON BEACH FL 33462-9735
 US

2. Principal Place of Business

3. Mailing Address

3100 Buccaneer Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Lantana, FL

4. FEI Number **65-0765806**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33462

USA

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

BOUTROS, IBRAHAM
 1213 LAKE AVENUE #116
 LAKE WORTH FL 33460

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

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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P BOUTROS, ABRAHAM**
 STREET ADDRESS **321 S C ST**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE Change Addition
 NAME **Ibrahim Boutros**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD MAGDA, BOUTROS**
 STREET ADDRESS **321 S C STREET**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE Change Addition
 NAME **MAGDA Boutros**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 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: Ibrahim Boutros 4/26/00 (561) 966-9288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E014 (03/98)