


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 29 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Entity Name
P97000104026
A B N VENTURE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6763 woodlawn rd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Macclenny FL 32063

City & State

Zip Country Zip Country

REINSTATEMENT 02-03

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3478930** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ALI AMIR

Street Address (P.O. Box Number is Not Acceptable)
6763 WOOLDLAWN RD

City
MACCLEENY FL Zip Code
32063

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 _____ (NOTE: Registered Agents signatures required when re-registering) DATE _____

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST AMIR ALI 6763 Woodlawn rd macclenny fl32063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600020047806 05/28/03--01077--005 **900.00
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Amir ali **AMIR ALI** **5/22/03** **(904) 259-1409**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Owners Phone #

CR2E034B (12/02)

9/5/30