

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90401 014 ****75.00

DOCUMENT # N98000007327

1. Entity Name

K.A.B.B., INC.

Principal Place of Business

**4309 N.W. 5TH AVE
FORT LAUDERDALE FL 33309**

Mailing Address

**P.O. BOX 100578
FT. LAUDERDALE FL 33310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0881745

Applied For

Not Applicable

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

FLEURIMA, CLAROBERT

4309 N.W. 5TH AVE

FORT LAUDERDALE FL 33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **ALCIUS, RENAUD**
STREET ADDRESS **101 NE 20 STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Cleona MAURANCY**
STREET ADDRESS **260 NE 38 Street**
CITY-ST-ZIP **Oakland park, FL 33394**

TITLE **CD** ☐ Delete
NAME **ALBANIO, ROBERT**
STREET ADDRESS **1507 NW 11 CIRCLES APT. #62**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **Assistant Treasurer** ☐ Change ☒ Addition
NAME **Cleonie Fleurima**
STREET ADDRESS **4309 NW 5 Avenue**
CITY-ST-ZIP **Fort Lauderdale, FL 33063**

TITLE **CD** ☐ Delete
NAME **WAGNER, LUCIUS**
STREET ADDRESS **4291 NW 18 STREET APT. P-111**
CITY-ST-ZIP **LAUDERHILL FL 33213**

TITLE **Vice president** ☐ Change ☒ Addition
NAME **Remold EXCEUS**
STREET ADDRESS **590 NW 116 Street**
CITY-ST-ZIP **Miami FL 33168**

TITLE **CD** ☐ Delete
NAME **EXCEUS, FLOBERT**
STREET ADDRESS **590 NW 116 STREET**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Eliterne Stin Fil**
STREET ADDRESS **497 NW 42 Street Apt 2**
CITY-ST-ZIP **FORT Lauderdale FL 33309**

TITLE **DC** ☐ Delete
NAME **LEMIEUX, PIERRE B**
STREET ADDRESS **79405 SW 10 STREET APT.#4**
CITY-ST-ZIP **POMPANO BEACH FL 33068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **CLAROBERT, FLEURIMA**
STREET ADDRESS **4309 NW 5TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Clarobert Fleurima

04-8-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)