

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90089 035 \*\*\*150.00

908766



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 282848**

1. Entity Name

**ABELEINA PROPERTIES INC**

Principal Place of Business

Mailing Address

C/O ROBERT A GEORGE, M D  
 55 N E FT ROYAL ISLE  
 FT LAUDERDALE FL 33308

C/O ROBERT A GEORGE, M D  
 55 N E FT ROYAL ISLE  
 FT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1108758**

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

**GEORGE, ROBERT A  
 55 N E FORT ROYAL ISLE  
 FT. LAUDERDALE FL 33308**

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

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	PD	<input type="checkbox"/> Delete
NAME	GEORGE, JOHN D	
STREET ADDRESS	227 SEACREST CIR	
CITY-ST-ZIP	DELRAY BEACH FL 33447-0225	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GEORGE, ROBERT A MD	
STREET ADDRESS	55 NE FT ROYAL ISLE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WELCH, LYDIA	
STREET ADDRESS	8147 BRIDGEWATER COURT	
CITY-ST-ZIP	LAKE CLARK SHORES FL 33406	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POTTS, JULIETTE G	
STREET ADDRESS	3410 GALT OCEAN DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE, RICHARD E	
STREET ADDRESS	2209 E PINERIDGE CT	
CITY-ST-ZIP	DELRAY BCH FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVID, KATHERINE	
STREET ADDRESS	426 NE 7TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, Mildred	
STREET ADDRESS	86 McFarlane Drive	
CITY-ST-ZIP	Delray Beach, Fla. 33483	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, ALICE	
STREET ADDRESS	21 N.W. 9th Street	
CITY-ST-ZIP	Delray Beach, Fla. 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

*Robert A. George*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

954-771-7411

Daytime Phone #