

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90036 039 ***150.00

DOCUMENT # 282848

1. Entity Name
ABELEINA PROPERTIES INC

Principal Place of Business Mailing Address
C/O ROBERT A GEORGE, M D **C/O ROBERT A GEORGE, M D**
55 N E FT. ROYAL ISLE **55 N E FT ROYAL ISLE**
FT LAUDERDALE FL 33308 **FT LAUDERDALE FL 33308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1108758		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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	

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: *Robert A. George* DATE: 2/4/02

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE, JOHN D 227 SEACREST CIR DELRAY BEACH FL 33447-0225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, ALICE 21 N.W. 9th Street DELRAY BEACH FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEORGE, ROBERT A MD 55 NE FT ROYAL ISLE FT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, MILDRED 86 MacFarlane Drive DELRAY BEACH FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELCH, LYDIA 8147 BRIDGEWATER COURT LAKE CLARK SHORES FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POTTS, JULIETTE G 3410 GALT OCEAN DRIVE FT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, RICHARD E 2209 E PINERIDGE CT DELRAY BCH FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID, KATHERINE 426 NE 7TH AVENUE DELRAY BEACH FL 33483	TITLE NAME 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: *Robert A. George* DATE: 2/4/02 (954) 771-7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)