

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90780 031 \*\*\*150.00

DOCUMENT # 353754

1. Entity Name

ADVANCE BLOW MOLDING &  
EQUIPMENT, INC.



**DO NOT WRITE IN THIS SPACE**

10036166

2. Principal Place of Business

905 W. 19th Street

Suite, Apt. #, etc.

3. Mailing Address

c/o David Berman

Suite, Apt. #, etc.

1320 So. Dixie Hwy., #1061

City & State  
Hialeah, FL

City & State  
Coral Gables, FL

Zip  
33010

Country

Zip  
33146

Country

4. FEI Number  
59-1304391

Applied For  
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Abraham Kolker

Street Address (P.O. Box Number is Not Acceptable)  
905 W. 19th Street

City  
Hialeah

FL

Zip Code  
33010

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
PD  
Kolker, Abraham  
905 W. 19th Street  
Hialeah, FL 33010

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Kolker, Elena  
905 W. 19th Street  
Hialeah, FL 33010

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Kolker, Elena  
905 W. 19th Street  
Hialeah, FL 33010

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IN THIS SPACE**

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: X *Elena Kolker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3/5/03* X 305 665 5303  
Daytime Phone #

CR2E034B (12/02)