

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90022 041 ***150.00

DOCUMENT # 604659

1. Entity Name

Abrams, Abrams & Etter, P.A.

Principal Place of Business

Mailing Address

7040 W Palmetto Park Rd
PMB 478
Boca Raton, FL 33433

Same

2. Principal Place of Business

5692 B Fox Hollow Dr

3. Mailing Address

5692 B Fox Hollow Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton FL

4. FEI Number

591509428

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

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

6. Name and Address of Current Registered Agent

Jennifer Dublin
22267 Solitude Dr
Boca Raton FL 33428

7. Name and Address of New Registered Agent

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, 2001 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

TITLE: Pres./Director
NAME: Brenda M. Abrams
STREET ADDRESS: 7040 W Palmetto Park Rd #4 PMB 478
CITY-ST-ZIP: Boca Raton FL 33433

TITLE: Vice Pres/Sec-Treas
NAME: Ira Abrams
STREET ADDRESS: 7040 W Palmetto Park Rd #4 PMB 478
CITY-ST-ZIP: Boca Raton FL 33433

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS: 5692 B Fox Hollow Dr
CITY-ST-ZIP: Boca Raton FL 33486

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)