

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90128 039 \*\*\*158.75

**DOCUMENT # F02000002754**

1. Entity Name  
**ABKO TRADING CO INC.**



Principal Place of Business  
**2151 SE STONECROP ST.  
PORT ST. LUCIE FL 34984**

Mailing Address  
**2151 SE STONECROP ST.  
PORT ST. LUCIE FL 34984**



2. Principal Place of Business

**3561 SW CARMODY ST**

3. Mailing Address

**3561 SW CARMODY ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**PORT SAINT LUCIE FL**

City & State  
**PORT ST. LUCIE FL**

4. FEI Number **APPLIED FOR**

Applied For  
Not Applicable

Zip  
**34953** Country **USA**

Zip  
**34953** Country **USA**

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

6. Name and Address of Current Registered Agent

**FISHBEIN, DANA  
2151 SE STONECROP ST.  
PORT ST. LUCIE FL 34984**

7. Name and Address of New Registered Agent

Name **Fishbein, DANA**  
Street Address (P.O. Box Number is Not Acceptable)  
**3561 SW CARMODY ST**

City **PORT SAINT LUCIE** FL Zip Code **34953**

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 **Dana Fishbein Pres**  
Signature, typed or printed name of registered agent and title, if applicable.

**DANA FISHBEIN POT**

**3/3/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 **DPST** ☐ Delete  
NAME **FISHBEIN, DANA**  
STREET ADDRESS **2151 SE STONECROP ST.**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☒ Addition  
NAME **DANA FISHBEIN**  
STREET ADDRESS **3561 SW CARMODY ST.**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **SEC** ☐ Change ☒ Addition  
NAME **WARREN HALE**  
STREET ADDRESS **248 TOPE RD**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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 607, 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/03/03**  
**DANA FISHBEIN POT 772 871 9993**

Date

Daytime Phone #

CR2E034 (10/02)