

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

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

02-21-2002 90328 013 ***158.75

DOCUMENT # F54058

1. Entity Name

A & B BULK MAILERS, INC.

824400

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4412 N.W. 74 Avenue

Suite, Apt. #, etc.

3. Mailing Address

4412 N.W. 74 Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-2155113

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

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

7. Name and Address of Current Registered Agent

Name **Michael D. Elkes**

Street Address (P.O. Box Number is Not Acceptable)

4412 N.W. 74 Avenue

City **Miami,**

FL

Zip Code **33166**

**DO NOT WRITE
IN THIS SPACE**

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.

MICHAEL D. ELKES

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**P D
ELKES, MICHAEL D.
1576 S.W. 108 Terrace
Davie, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V T
ELKES, CHERYL
1576 S.W. 108 Terrace
Davie, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael D. Elkes

Michael D. Elkes **2/11/02** **305-591-8292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)