

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F69822

1. Entity Name

SABEL INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -3 PM 4:35

A0073264

Principal Place of Business

Mailing Address

67 BROWN ST.
SEAGROVE BCH, FL
3245967 BROWN ST.
SEAGROVE BCH, FL
32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

180 44 2439

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAM BECKER
67 BROWN ST.
SEAGROVE BCH, FL
32459

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

6-7-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
SAM BECKER
67 BROWN ST.
SEAGROVE BCH, FL 32459

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

AD

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:

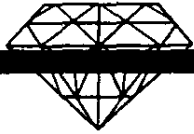
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-7-01 850 230 4067

SABEC INC.



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MR. DUNLOP,

AS STATED IN MY ORIGINAL
LETTER TO YOU THE REASON THIS
REPORT WAS FILED LATE IS BECAUSE
I NEVER RECEIVED A REPORT FROM
YOU. PLEASE REMOVE THE LATE
CHARGES FROM MY BILL.

THANK YOU,

Alan B. Burt