

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90049 008 ***150.00

DOCUMENT # F95000002538

1. Entity Name
PHILIP ABRAMS VENTURES, INC.



Principal Place of Business
**6510 QUINTANA PLACE
BOCA RATON FL 33433
US**

Mailing Address
**6510 QUINTANA PLACE
BOCA RATON FL 33433
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Philip Abrams
911 S Ocean Blvd Apt 2C
Boca Raton, FL 33432-6349**

Suite, Apt. #, etc.

**Philip Abrams
911 S Ocean Blvd Apt 2C
Boca Raton, FL 33432-6349**

City & State

Boca Raton, FL 33432-6349

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1033614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABRAMS, PHILIP -
6510 QUINTANA PLACE
BOCA RATON FL 33433-PHIL**

Name

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

**Philip Abrams
911 S Ocean Blvd Apt 2C
Boca Raton, FL 33432-6349**

City

Boca Raton, FL 33432-6349

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. 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

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.

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
ABRAMS, PHILIP
6510 QUINTANA PLACE
BOCA RATON FL 33433**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Philip Abrams
911 S Ocean Blvd Apt 2C
Boca Raton, FL 33432-6349**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 President Philip Abrams 3/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5618945235

CR2E034 (10/02)