2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G06288 **DOCUMENT #**

1. Entity Name



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90130 022 ***150.00

ABELL A	NO TURRENTINE CORPO	HATION			/ 			
Principal Place of Business P O BOX 752 SOUTH MIAMI FL 33243-7752		Mailing Address P O BOX 752 SOUTH MIAMI FL 33243-7752						
2. Principal Place of Buşiness Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
								City & State
Zip	Country	Zip	Cour	itry	5. Certificate of Status Desired	\$8.75 A		
	6. Name and Address of Curre	nt Registered Agent	<u> </u>		7. Name and Address of New Registered	£ Agent		1
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ABELL JENNIFER K			•					
	NENEEDLE LN			Street Address	(P.O. Box Number is Not Acceptable)			
miami fl	33156							
				City	F	L Zip Co	de	
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpose of chang	ging its register	ed office or registe	red agent, or both, in the State of Florida. I an	n familiar with	, and accept	
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CICNIATLIDE							ļ	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registere	d Agent signature required	d when reinstating) DATE			
		nt and title if applicable.	(NOTE: Registere	d Agent signature required	d when reinstating) DATE			
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12. I hereby certify that the information supplied with this filling 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:

305 661-3177