

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90352 032 \*\*\*150.00

**DOCUMENT # H23806**

1. Entity Name  
**AABACO INDUSTRIES, INC.**

Principal Place of Business <b>10501 NW 50 STREET, #102          SUNRISE FL 33351</b>	Mailing Address <b>10501 NW 50 STREET, #102          SUNRISE FL 33351</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2453157**      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

**MATHEO, STEVEN  
 10730 NW 4TH STREET  
 PLANTATION FL 33324**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	VSD LUBIN, JOEL 7724 HIGHLANDS CIRCLE MARGATE FL	<input type="checkbox"/> Delete
TITLE NAME	PTD MATHEO, STEVEN 10730 NW 4TH STREET PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
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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: STEVEN H. MATHEO      4/16/02      954-749-1555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)