

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J12539

1. Entity Name

A. ABBEY PAWN AND STORAGE, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90056 002 \*\*\*150.00

Principal Place of Business

2700 EAST OAKLAND PARK BLVD  
SUITE A  
FT. LAUDERDALE FL 33306  
US

Mailing Address

90 NURMI DRIVE  
FORT LAUDERDALE FL 33301  
US

00000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3601 W. COMMERCIAL  
SUITE 39

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

Zip

33309

Country

U.S.A.

Zip

Country

4. FEI Number

59-2668723

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

OBERLANDER, SARA  
2700 E OAKLAND PARK BLVD  
FT. LAUDERDALE FL 33306

{ ADDRESS  
CHANGE  
ONLY }

Name

S: 3601 WEST COMMERCIAL BLVD STE 39  
FT. LAUDERDALE

City

FL

Zip 33309

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 SARA OBERLANDER PD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/17/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME OBERLANDER, SARA  
STREET ADDRESS 2700 E OAKLAND PARK BLVD, SUITE A  
CITY-ST-ZIP FT. LAUDERDALE FL  
3601 W. COMMERCIAL BLVD  
SUITE 39  
FT. LAUDERDALE, FL 33309

TITLE ☒ Change ☐ Addition  
NAME 3601 W. COMMERCIAL BLVD STE 39  
STREET ADDRESS FT. LAUDERDALE, FL 33309  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: SARA OBERLANDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)