


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91885 030 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K17885					
1. Entity Name IN-LAWS PARTNERS & FRIENDS, INC.					
Principal Place of Business RICHARD P ABRAMS 3000 COUNTRY CLUB LN PEMBROKE PARK, FL 33009 US			Mailing Address 4800 HILLCREST LANE #107 HOLLYWOOD, FL 33021 US		
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 65-0037486				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAMS, RICHARD P. 4800 HILLCREST LANE, #107 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TPD ABRAMS, RICHARD P. 4800 HILLCREST LANE, #107 HOLLYWOOD, FL 33021					
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
4/29/03 (954) 2665121					

CR2E034 (10/02)