

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90012 041 ****50.00

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DOCUMENT # L00000005583

1. Entity Name

ABRAMS AND AFFILIATES LLC



Principal Place of Business

**6510 QUINTANA PLACE
BOCA RATON FL 33433**

Mailing Address

**6510 QUINTANA PLACE
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Philip Abrams

Suite, Apt. #, etc.

Philip Abrams

City & State

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

City & State

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

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1008374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 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**

Name

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

Philip Abrams

City

**911 S Ocean Blvd Apt 2C
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 \$50.00.
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
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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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Philip Abrams
3/29/03 5613945235

CR2E083 (10/02)