

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L21579

1. Entity Name

A ABELLE INSURANCE, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90170 019 ***155.00

Principal Place of Business

4801 SOUTH UNIVERSITY DR
#219
DAVIE FL 33328
US

Mailing Address

4801 SOUTH UNIVERSITY DRIVE
#219
DAVIE FL 33328
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

65-0146990

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of

JAFFEE, LENORA
9520 TOLEDO LANE
FT. LAUDERDALE FL 33324

*Same
Person -
address
change*

7. Name and Address of New Registered Agent

Name

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

1810 WEST OAK KNOLL CIRCLE

City

FORT LAUDERDALE

FL

Zip Code

33324

8. The above named entity submits this statement to the red 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, 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

TITLE	DST	<input type="checkbox"/> Delete
NAME	JAFFEE, LENORA	
STREET ADDRESS	4801 SOUTH UNIVERSITY DR, STE. 219	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JAFFEE, LOIS K.	
STREET ADDRESS	4801 SOUTH UNIVERSITY DRIVE, STE. 219	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JAFFEE, JAMES I.	
STREET ADDRESS	4801 SOUTH UNIVERSITY DR, STE. 219	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lenora Jaffee LENORA JAFFEE 4/18/01

Date

954 452 6930

Daytime Phone #

CR2E034 (10/00)