

4/2/01

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

04-02-2001 90053 050 ***150.00

DOCUMENT # M36866

1. Entity Name

R.M. FABIAN, INC.

Principal Place of Business

**872 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334**

Mailing Address

**4100 N. POWERLINE RD
SUITE H-5
POMPANO BEACH FL 33073
US**

2. Principal Place of Business

3. Mailing Address

872 E Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fl. Lauderdale

Zip

Country

Zip

Country

33334**USA**4. FEI Number **59-2707250**

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

**HERSOWSKY, JAKE
4100 N POWERLINE RD
STE H-5
POMPANO BEACH FL 33073**Name **Garth Fabian**

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

872 E. Oakland Park BlvdCity **FL Lauderdale** Zip Code **33334**

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

GARTH FABIAN

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FABIAN, RONALD MAX	
STREET ADDRESS	9891 S.W. 2ND ST.	
CITY-ST-ZIP	PLANTATION FL	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FABIAN, GARTH	
STREET ADDRESS	1200 S.W. 4TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HERSOWSKY, JAKE	
STREET ADDRESS	4100 N. POWERLINE RD #H-5	
CITY-ST-ZIP	POMPANO BCH FL 33073	

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

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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TITLE		<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-563-6667

CP2E034 (10/00)