

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90364 040 ***158.75

DOCUMENT # P00000039080

1. Entity Name

A ABBOTT & ALLPERFECT TENS, INC.

Principal Place of Business

Mailing Address

C/O MARK PERLMAN, P.A.
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE BEACH FL 33009

C/O MARK PERLMAN, P.A.
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE BEACH FL 33009

2. Principal Place of Business

3. Mailing Address

4699 N. Federal Hwy
Suite, Apt. #, etc.
Suite #112

4699 N. Fed. Hwy
Suite, Apt. #, etc.
Suite #112

City & State
Pompano Beach

City & State
Pompano beach, FL

Zip
33064

Country
Florida

Zip
33064

Country

4. FEI Number

65-1009116

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERLMAN, MARK
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE BEACH FL 33009

Name
Kahn, Elijah
Street Address (P.O. Box Number is Not Acceptable)
901 NE 14 Ave., Apt 405

City
Hallandale Beach FL

Zip Code
33009

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KAHN, ELIJAH
901 NE 14 AVE. APT. 405
HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
LIMA, ARLENE
635 ANDERSON CIRCLE APT. 103
DEERFIELD BEACH FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
KAHN, Arlene
901 N.E. 14 AVE #406
Hallandale, FL 33009
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Addition

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 #

CR2E034 (10/00)