

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

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

04-03-2003 90146 049 ***150.00

DOCUMENT # P01000020447



1. Entity Name
ABC WORKSHOP OF CORAL SPRINGS, INC.

Principal Place of Business
**1001 NE 26TH TERRACE
POMPANO BEACH FL 33062**

Mailing Address
**1001 NE 26TH TERRACE
POMPANO BEACH FL 33062**

2. Principal Place of Business

12560 W. ATLANTIC BLVD

3. Mailing Address

12560 W. ATLANTIC BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33071

Country

Broward

Zip

33071

Country

BROWARD

4. FEI Number **65-1091399**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAMON, EDMA

1001 NE 26TH TERRACE

POMPANO BEACH FL 33062

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SALAMON, EDMA	
STREET ADDRESS	1001 NE 27TH TERR	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
TITLE	V KHALIL	<input type="checkbox"/> Delete
NAME	KHAWL, NABIL	
STREET ADDRESS	1001 NE 27TH TERR	
CITY - ST - ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03
Date

(954)344-5000
Daytime Phone #

CR2E034 (10/02)