2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020447

1. Entity Name

ABC WORKSHOP OF CORAL SPRINGS, INC.



Apr 03, 2003 8:00 am Secretary of State
04-03-2003 90146 049 ***150.00

FILED

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

2. Principal P							
	lace of Business OW, ATLANTIC BUD	3. Mailing Address 、2560 W. I	ATLANTIC BO	x d.	1 1851(851 (1) 90(8) (181) CO111 OC11 OC111 CO110	11811 88111 81811	
Suite, Apt.	1	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKIN	G CHANGES	3
City & Stat	L SPRINGS , FI	City & State COCAL SPA	enss, Fl	4.	FEI Number 65-1091399		Applied For Not Applicable
Zip - 3307	Country	3307	Country	-5.5	Certificate of Status Desired	\$8.75. Ac Fee Requir	dditional
	6. Name and Address of Current Re				Name and Address of New Registered	Agent	
			Name				
SALAMON	, EDMA						
1001 NE 2	26TH TERRACE		Street Addres	is (P.O. E	Box Number is Not Acceptable)	1	
) BEACH FL 33062						
مرس ا	DENOTITE GOODE						
			City		F!	Zip Co	de
R Th≜ ahove	named entity submits this statement for th	e nurnose of changing its	registered office or regis	tered ac	nent or both in the State of Florida 1 am	n familiar with	and accept
	ions of registered agent.	to perpess or enanging ite	regional a mes or region	norda de	gorie, or occur, in the occite of Frontial Figure	, , , , , , , , , , , , , , , , , , , ,	, a
SIGNATURE .	Signature, typed or printed name of registered agent and	MOTE A STATE OF THE STATE OF TH	: Registered Agent signature requ		reinstating) DATE		
	Signature, typed or printed harne or registered agent and	ille il applicable. [NO16	. nagistarad Agent signatora raqt	Med When	Ginstaling/		
₩.	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing	\$5	00 May Be
•	r May 1, 2003 Fee will be \$550.00						ed to Fees
Make Check	c Payable to Florida Department of S	tate					
10.	OFFICERS AND DIF	DECTOR	4.4		M		30.15.44
ıv.		HECTORS	11.	ΑI	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

(954)344-5000