

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

02-19-2002 90108 019 ***150.00

DOCUMENT # P01000034797

1. Entity Name
ABERSTEIN CORP.

Principal Place of Business
**7611 E. CYPRESSHEAD DR.
 PARKLAND FL 33076**

Mailing Address
**7611 E. CYPRESSHEAD DR.
 PARKLAND FL 33076**

2. Principal Place of Business
4191 Pine Island Rd.
 Suite, Apt. #, etc.

3. Mailing Address
4191 Pine Island Rd.
 Suite, Apt. #, etc.

City & State
Sunrise FL
 Zip
33351
 Country
Broward

City & State
Sunrise FL
 Zip
33351
 Country
Broward

4. FEI Number
65-1098110

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, ALAN
7611 E. CYPRESSHEAD DR.
PARKLAND FL 33076

7. Name and Address of New Registered Agent

Name
KARIN Bowling Bernstein
 Street Address (P.O. Box Number is Not Acceptable)
3730 NW 88th Ave
#249
 City
Sunrise FL Zip Code
33351

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]*
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP BERNSTEIN, ALAN 7611 E. CYPRESSHEAD DR. PARKLAND FL 33076 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ABERNATHY, JESSE 7802 NW 74TH AVE. TAMARAC FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BERNSTEIN, KARIN 7611 E. CYPRESSHEAD DR. PARKLAND FL 33076 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KARIN Bowling Bernstein <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3730 NW 88th Ave 249 Sunrise, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02 94-7417546
 Date Daytime Phone #

CR2E034 (9/01)