

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-24-2002 90292 004 ***150.00

DOCUMENT # P01000039679

1. Entity Name
ABRAHAM CONSULTING, INC.

Principal Place of Business Mailing Address
 13275 LAKESIDE TERRACE 13275 LAKESIDE TERRACE
 COOPER CITY FL 33330 COOPER CITY FL 33330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1111093		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent ABRAHAM, JEROME 13275 LAKESIDE TERRACE COOPER CITY FL 33330			7. Name and Address of New Registered Agent		
			Name Jerome Abraham		
			Street Address (P.O. Box Number is Not Acceptable) 16139 SW 68 St		
			City Miami FL Zip Code 33193		

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 Jerome Abraham **Jerome Abraham** DATE **3/15/02**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	D ABRAHAM, JEROME <input type="checkbox"/> Delete	TITLE NAME	Jerome Abraham <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	Jerome Abraham <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13275 LAKESIDE TERRACE	STREET ADDRESS	16137 SW 68 St	STREET ADDRESS	7034 SW 114th Pl #A
CITY-ST-ZIP	COOPER CITY FL 33330	CITY-ST-ZIP	Miami, FL 33193	CITY-ST-ZIP	Miami, FL 33173
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Jerome Abraham **Jerome Abraham** DATE **3/15/02** DAYTIME PHONE # **954-610-5640**

Signature and typed or printed name of signing officer or director