

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90361 028 ***150.00

DOCUMENT # P01000067707

1. Entity Name

ABI CONSULTING, INC.

Principal Place of Business

**6118 GREENE POINTE DRIVE
 BOYNTON BEACH FL 33437**

Mailing Address

**6118 GREENE POINTE DRIVE
 BOYNTON BEACH FL 33437**

2. Principal Place of Business

8 VIA CARRARA

3. Mailing Address

8 VIA CARRARA

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS FLORIDA

City & State

PALM BEACH GARDENS FLORIDA

4. FEI Number

65-1128274

Applied For

Not Applicable

Zip

33418

Country

Zip

33418

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AZARIAN, HELAINE J

**6118 GREENE POINTE DRIVE
 BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name **AZARIAN, HELAINE J.**

Street Address (P.O. Box Number is Not Acceptable)

8 VIA CARRARA

City **PALM BEACH GARDENS FL** Zip Code **33418**

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

Helaine J. Azarian **HELAINE J. AZARIAN**

MAY 1, 2002

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 **DP** ☒ Delete
 NAME **AZARIAN, ROBERT W**
 STREET ADDRESS **6118 GREENE POINTE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **DS** ☒ Delete
 NAME **AZARIAN, HELAINE J**
 STREET ADDRESS **6118 GREENE POINTE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME **AZARIAN, ROBERT W.**
 STREET ADDRESS **8 VIA CARRARA**
 CITY-ST-ZIP **PALM BEACH GARDENS FL. 33418**

TITLE **DS** ☒ Change ☐ Addition
 NAME **AZARIAN, HELAINE J.**
 STREET ADDRESS **8 VIA CARRARA**
 CITY-ST-ZIP **PALM BEACH GARDENS FL. 33418**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Robert W. Azarian **ROBERT W. AZARIAN** **MAY 1, 2002** **561 627-4994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)