

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90096 034 \*\*\*550.00

**DOCUMENT # P02000013515**

1. Entity Name  
**TENFIFTY, INC.**



Principal Place of Business  
**701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131**

Mailing Address  
**701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131**

**55053610**

2. Principal Place of Business  
**1600 SE 17th Street, 200**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.

City & State  
**Fort Lauderdale, FL**

City & State

Zip  
**33316**

Country  
**USA**

Zip

Country

4. FEI Number

**71-0867835**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTRASTATE REGISTERED CORPORATION  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131**

Name

**Lester S. Abberley**

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

**23 Pelican Isle**

City

**Fort Lauderdale**

**FL**

Zip Code

**33301-1521**

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

*Lester S. Abberley*

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

(NOTE: Registered Agent signature required when reinstating)

**7/21/03**

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY - ST - ZIP  
**Lester Abberley  
Director, President  
23 Pelican Isle, Fort Lauderdale, FL 33301**

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

*Lester S. Abberley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/21/03**

DATE

Daytime Phone #

CR2E034 (4/03)