FILED
May 06, 2003 8:00 am
Secretary of State

02-10-2003 90143 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # P02000031919

1. Entity Name
ABE ANTIQUES INC.

55038001

Principal Place of Business	Mailing Address
868 SW 173ND ST PEMBROKE PINES FL 33029	868 SW 173ND ST PEMBROKE PINES FL 33029

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1940 TIGER TAIL BLVD	1940 TIGER TAIL BLVD
Suite, Apt. #, etc. BLDG #15	Suite, Apt. #, etc. BLDG #15
City & State DANIA FLORIDA	City & State DANIA FLORIDA
Zip 33004 Country BROWARD	Zip 33004 Country BROWARD

4. FEI Number 680495517 ☐ 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
BALTAGI, LABIB 701 NE 125TH ST N MIAMI FL 33161	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
~~After May 1, 2003 Fee will be $550.00~~
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SOUHEIR CHAUCK 868 SW 173RD PEMBROKE PINES FLORIDA 33029 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT TAREK CHAHINE 868 SW 173RD PEMBROKE PINES FL 33029 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 2/6/2003 (954) 929-9780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER — Date — Daytime Phone #

TAREK CHAHINE. [signature] SOUHEIR CHAUCH