

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0138828 AV

DOCUMENT # P02000093529

1. Entity Name
ABSX, INC.



04-28-2003 91466 042 ***150.00

Principal Place of Business
208 THREE ISLANDS BLVD.
304
HALLANDALE FL 33009

Mailing Address
208 THREE ISLANDS BLVD.
304
HALLANDALE FL 33009

2. Principal Place of Business
2999 NE 191st Street

3. Mailing Address
2999 NE 191st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH2

PH2

City & State
Aventura, FL

City & State
Aventura, FL

Zip
33180

Country
USA

Zip
33180

Country
USA

4. FEI Number
36-4505414

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCHREIBER, ALYCE B
208 THREE ISLANDS BLVD.
304
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
Schreiber, Alyce
Street Address (P.O. Box Number is Not Acceptable)
2999 NE 191st Street, PH2
City
Aventura FL Zip Code
33180

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

ALYCE SCHREIBER
(NOTE: Registered Agent signature required when reinstating)

4/25/02
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

TITLE
NAME
D.P.
SCHREIBER, ALYCE
STREET ADDRESS
208 THREE ISLANDS BLVD., #304
CITY-ST-ZIP
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D.P.S.
SCHREIBER, ALYCE
STREET ADDRESS
2999 NE 191st Street, PH2
CITY-ST-ZIP
Aventura, FL 33180 ☒ Change ☐ Addition

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

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

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

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

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

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: *Alyce Schreiber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 *305-936-1775*
Date Daytime Phone #

CR2E034 (10/02)