

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90278 009 ***150.00

DOCUMENT # P02000094198



1. Entity Name
ABC WORKSHOP PROPERTIES OF CORAL SPRINGS, INC.

Principal Place of Business
**7720 KIMBERLY BOULEVARD
NORTH LAUDERDALE FL 33068**

Mailing Address
**7720 KIMBERLY BOULEVARD
NORTH LAUDERDALE FL 33068**



2. Principal Place of Business
12560 W. ATLANTIC BVD.

3. Mailing Address
12560 W. ATLANTIC BVD.

Suite, Apt. #, etc.
CORAL SPRINGS

Suite, Apt. #, etc.

City & State
FL

City & State
CORAL SPRINGS, FL

Zip
33071

Country
U.S.A

Zip
33071

Country

4. FEI Number
55-0793939

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

**SALAMON, EDMA
7720 KIMBERLY BOULEVARD
NORTH LAUDERDALE FL 33068**

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
**SALAMON, EDMA
1001 NE 27th Ter
Pompano Beach, FL 33062**

☐ Delete

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

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☐ 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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03 (954) 722-1087

CR2E034 (10/02)