

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

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90157 032 ***150.00

DOCUMENT # P02000123898

1. Entity Name

A. B. Promotions, Inc.



DO NOT WRITE IN THIS SPACE

40082019

2. Principal Place of Business

1747 VAN BUREN ST

Suite, Apt. #, etc.

SUITE 915

City & State

Hollywood FL

Zip

33020

Country

USA

3. Mailing Address

1747 VAN BUREN ST

Suite, Apt. #, etc. SUITE

915

City & State

Hollywood FL

Zip

33020

Country

USA

4. FEI Number

04 3769671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BONDAROFF, ALAN

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

1747 VAN BUREN ST

SUITE 915

City

Hollywood FL 33020 FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
STREET ADDRESS
CITY-ST-ZIP
DPS
BONDAROFF ALAN
1747 VAN BUREN ST SUITE 915
Hollywood FL 33020

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN BONDAROFF 429 05 954 4580594

Date

Telephone Phone #

CR2E034R (12/02)