

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051385

1. Entity Name

AFFORDABLE BILLIARD SUPPLY, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90145 005 ***150.00

Principal Place of Business

Mailing Address

5325 NOB HILL RD.
SUNRISE FL 33351

5325 NOB HILL RD.
SUNRISE FL 33351-4711

2. Principal Place of Business

3. Mailing Address

2746 NW 120 Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, FL

Zip

Country

Zip

Country

33065

USA

4. FEI Number

65-0503754

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

GNAGI, DANIEL H
5325 NOB HILL RD
SUNRISE FL 33351

Name

DANIEL H GNAGI

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

2746 NW 120 Way

City

Coral Springs

FL

Zip Code

33065

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GNAGI, DANIEL H.
STREET ADDRESS 5325 NOB HILL RD
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

13. 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 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 954 746-4056

CR2E034 (9/99)