

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

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90106 001 \*\*\*317.50

DOCUMENT # **P940000072188** ✓  
1. Entity Name  
**ABBA CONTRACTING, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>8492 N.W. 15<sup>TH</sup> COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>8492 N.W. 15<sup>TH</sup> COURT</b> Suite, Apt. #, etc.	
City & State <b>CORAL SPRINGS, FL</b>		City & State <b>CORAL SPRINGS, FL</b>	
Zip <b>33071</b>	Country <b>USA</b>	Zip <b>33071</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

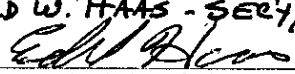
4. FEI Number <b>650531448</b>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Not Applicable <input type="checkbox"/>

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>EDWARD W. HAAS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>8492 N.W. 15<sup>TH</sup> COURT</b>	
City <b>CORAL SPRINGS</b>	Zip Code <b>FL 33071</b>

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.  
**EDWARD W. HAAS - SEC/TREAS./REGISTERED AGENT**

SIGNATURE  DATE **4/24/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ROBBIE HAAS 8492 N.W. 15<sup>TH</sup> COURT CORAL SPRINGS, FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/TREASURER EDWARD W. HAAS 8492 N.W. 15<sup>TH</sup> COURT CORAL SPRINGS, FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SEC/TREAS/AGENT** 4-24-02 954-4443105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #