

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072188

1. Entity Name  
ABBA CONTRACTING, INC.



Principal Place of Business  
8492 N.W. 15TH COURT  
CORAL SPRINGS FL 33071  
US

Mailing Address  
8492 N.W. 15TH COURT  
CORAL SPRINGS FL 33071  
US

FILED  
04 MAR -3 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT 03-04

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0531448

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAAS, EDWARD W  
8492 N.W. 15TH COURT  
CORAL SPRINGS FL 33071

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

Edward HAAS

2-12-04

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 P  
NAME HAAS, ROBBIE  
STREET ADDRESS 8492 N.W. 15TH COURT  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE  
NAME  
STREET ADDRESS 800029071218  
CITY-ST-ZIP 02/19/04--01012--019 \*\*\$550.00

TITLE ST  
NAME HAAS, EDWARD W  
STREET ADDRESS 8492 NW. 15TH CT.  
CITY-ST-ZIP CORAL SPRINGS FL 83071

TITLE  
NAME  
STREET ADDRESS 100029936231  
CITY-ST-ZIP 03/05/04--01011--010 \*\*\$367.50

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EDWARD HAAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03 954-325-3420

Date

Daytime Phone #

CR2E034 (10/02)