

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077864

1. Entity Name

ABARR SERVICES, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90078 001 ***150.00

Principal Place of Business

Mailing Address

7540 FARRAGUT STREET
HOLLYWOOD FL 33024

7540 FARRAGUT STREET
HOLLYWOOD FL 33024-2626

2. Principal Place of Business

1575 SW 115th Ave

Suite, Apt. #, etc.

3. Mailing Address

1575 SW 115th Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Davie FL

City & State

Davie FL

4. FEI Number

65-0530108

Applied For

Not Applicable

Zip

33325

Country

Broward

Zip

33325

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALEX, LES H.
7540 FARRAGUT STREET
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name

Galex Les H

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

1575 SW 115th Ave

City

Davie

FL

Zip Code

33325

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

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

TITLE NAME ☐ Delete

P. GALEX, LES H
7540 FARRAGUT STREET
HOLLYWOOD FL 33024

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

P. Les Galex
1575 SW 115th Ave
Davie FL 33325

TITLE NAME ☐ Change ☐ Addition

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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 Block 12 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

3/1/00 (954) 382-2058

Date

Daytime Phone #

CR2E034 (9/99)