## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2002 8:00 am Secretary of State P95000004417 DOCUMENT # 1. Entity Name 05-15-2002 90176 001 \*\*\*150.00 A & B SALES, INC. Principal Place of Business Mailing Address 1664 COLLINS AVE. 1664 COLLINS AVE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0603529 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_ 7. Name and Address of New Registered Ageлt 6. Name and Address of Current Registered Agent FELDMAN, DAVID Street Address (P.O. Box Number is Not Acceptable) 1810 DAYTOKIA ROAD **407 LINCOLN ROAD** PH NE MIAMI BEACH FL 33139 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) . Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESIDENT Delete Change TITLE BAROUM BEHAR 1810 DAYTONIA ROAD SCHWARTZBAUM, JOSE NAME NAME STREET ADDRESS 1664 COLLINS AVE. STREET ADDRESS MIAMI BEACH FL 3314/ CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE DVST ☑ Delete TITLE NAME SCHWARTZBAUM, LYDIA NAME STREET ADDRESS STREET ADDRESS 1664 COLLINS AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

04/24/02

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Daytime Phone #