

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90880 036 ***150.00

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

DOCUMENT # P95000050903
 1. Entity Name
FABTECH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2869 Longlake Drive
 Suite, Apt. #, etc.

3. Mailing Address
2869 Longlake Drive
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Titusville, FL

City & State
Titusville, FL

4. FEI Number
65-0590267

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip **32780** Country **USA** Zip **32780** Country **USA**

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Christina D. Oliveira

Street Address (P.O. Box Number is Not Acceptable)
2701 LeJeune Road

City **Coral Gables** **FL** Zip Code **33134**

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 _____ DATE _____
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	D	TITLE	
NAME	Cummins, Michael	NAME	
STREET ADDRESS	2869 Longlake Drive	STREET ADDRESS	
CITY-ST-ZIP	Titusville, FL 32780	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: **Michael Cummins** **29 APR 02 321-264-6091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)