

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052201

1. Entity Name

ABACO HILLSBORO, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90309 029 ***150.00

Principal Place of Business

Mailing Address

% BEDZOW, KORN & KAN, P.A.
20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180% BEDZOW, KORN & KAN, P.A.
P.O. BOX 8020
HALLANDALE FL 33008

00039172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

300 S.W. 2ND STREET

300 S.W. 2ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 9

SUITE 9

City & State

City & State

FORT LAUDERDALE, FL

FORT LAUDERDALE, FL

Zip

Country

Zip

Country

33312

U.S.A.

33312

U.S.A.

4. FEI Number 65-0704752

Applied For

Not Applicable

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

BEDZOW, MICHAEL
% BEDZOW, KORN & KAN, P.A.
20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180

Name

SCHWARTZ, RICHARD

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

1715 S. OCEAN BLVD.

City

DELRAY BEACH

FL

Zip Code

33483

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LEPINE, NORMAND
1115 SHERBROOKE STREET WEST
MONTREAL, QUEBEC, CANADA ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTDS
LEPINE, NORMAND
1115 SHERBROOKE ST W
MONTREAL, QU ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
LEPINE, NORMAND F.
2851 S. OCEAN BLVD. #1-T
BOCA RATON, FL 33432 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NORMAND F. LEPINE 4/10/01

954-439-4141

CR2E034 (10/00)