

2001 UNIFORM BUSINESS REPORT (UBR)

0620734

DOCUMENT # P96000003569

1. Entity Name
ABRAMS ENTERPRISES, INC.

Principal Place of Business

109 LAKE EMERALD DRIVE
FT. LAUDERDALE FL 33305

33309

Mailing Address

109 LAKE EMERALD DRIVE
FT. LAUDERDALE FL 33305

33309

FILED

01 APR 26 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip 33309

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 33309

Country

4. FEI Number 65-0630561

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

ABRAMS, PHIL
109 LAKE EMERALD DR
208
FT. LAUDERDALE FL 33305

33309

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT

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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

10. 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 D
NAME ABRAMS, PHIL
STREET ADDRESS 109 LAKE EMERALD DR #208
CITY-ST-ZIP FT. LAUDERDALE FL 33305

☐ Delete

33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0000042171010
-05/15/01--01072--013
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☐ Change ☐ Addition

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☐ 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:

Phil Abrams Phil Abrams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

954-566-5941

Daytime Phone #

CR2E034 (10/00)