

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90057 020 ***150.00

DOCUMENT # P96000021473

1. Entity Name

AFFILIATED BROKERS NETWORK, INC.

Principal Place of Business

**14781 ENCLAVE LAKES DR
 SUITE T-3
 DELRAY BEACH FL 33484
 US**

Mailing Address

**14781 ENCLAVE LAKES DR
 SUITE T-3
 DELRAY BEACH FL 33484
 US**

2. Principal Place of Business

9064 TAVERNA WAY

3. Mailing Address

9064 TAVERNA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33437

Country

PALM BEACH

Zip

33437

Country

PALM BEACH

4. FEI Number

65-0645606

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FABER, ALLAN
 14781 ENCLAVE LAKES DR
 SUITE #T-3
 DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent

**Name: FABER, ALLAN
 Street Address (P.O. Box Number is Not Acceptable): 9064 TAVERNA WAY
 City: BOYNTON BEACH FL Zip Code: 33437**

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, 2002 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	P
NAME	FABER, ALLAN
STREET ADDRESS	7452 FALLS ROAD WEST
CITY-ST-ZIP	BOYNTON BEACH FL 33437
	<input checked="" type="checkbox"/> Delete
TITLE	VP
NAME	ROLAND, BARBARA A
STREET ADDRESS	12478 CRYSTAL POINTE DR APT. #101
CITY-ST-ZIP	BOYNTON BEACH FL 33437
	<input checked="" type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT
NAME	ALLAN FABER
STREET ADDRESS	9064 TAVERNA WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VICE PRESIDENT
NAME	ROLAND BARBARA A
STREET ADDRESS	9064 TAVERNA WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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
ALLAN FABER

Date

Daytime Phone #

5/16/02 561-752 0067