2002 UNIFORM BUSINESS REPORT (UBR)					FILED Fob 21, 2002 8:00 am			
	POCUMENT # P96000091322				Feb 21, 2002 8:00 am Secretary of State			
	ABLE INC.					90171 039 ***150		<
Principal Place	ce of Business	Mailing Address 1261 NW 55 AVENUE			.	· ·-		
LAUDERHILL (US	FL 33313	LAUDERHILL FL 33313 US						
2620		3. Mailing Address Sw	gth S	-	\		(JB;#) W) (BW)	
Suite, Apt.		Suite, Apt. #, etc. City & State	erdale		FEI Number	TE IN THIS SPACE	plied For	
F+ 1	Lauderdale	33312	Country		65-0713707	- \$9.75 Add	t Applicable	-
3331	6. Name and Address of Current R	33317	Brown	re	Certificate of Status Desired Name and Address of New R	Fee Require		
	RY, WILLIAM	-gioterica rigerii	Name Street Add	TIL	DILL COKE Box Number is Not Acceptable			
1261 NW 55 AVENUE LAUDERHILL FL 33313			26 t	20	SW 5H	St.		ı
			F Y	laua	lesdale	FL Zigge	312	
8. The above	e named entity submits this statement for	sice	gistered office or r		.,	orida. $\frac{1}{\sqrt{\rho}/\sqrt{2}}$		
Tax filing I	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After May 1, 2002 Make Check Payable		0.00 of State	10. Election Campaign Fin Trust Fund Contributio	n. 🗆 Added	0 May Be to Fees	
11. Title	OFFICERS AND D		12.	A	DDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS Change	S IN 11	Ē
NAME STREET ADDRESS CHTY-ST-ZIP	WOOLLERY, WILLIAM 1261 NW 55TH AVE LAUDERHILL FL	Delete	NAME STREET ADDRESS CITY-ST-ZIP			□ Unange		CR2E034 (9/01)
TITLE NAME STREET ADDRESS	VP COKE, TIDLY C 1261 NW 55TH AVE	☐ Delete	TITLE NAME STREET ADDRESS	Presi 2101	dent 4 Coke 5 Sus 5 Fh ST	Change .		S
CITY-ST-ZIP	LAUDERHILL FL 33313	□ Delete	CITY-ST-ZIP TITLE	FF.1	auderdale	, F/ 3331 2 □ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		∟) beiele	NAME STREET ADDRESS CITY-ST-ZIP			Unange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	······		☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE 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.								
SIGNAT		ICONCE NTED NAME OF SIGNING OFFICER OR	DIRECTOR	<i>i</i>	10/02' (950	1583 - 126 Daytime Phone #	/ /	