## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P96000095849 1. Entity Name ABRS FINANCIAL RESOURCES, INC. 01-26-2000 90038 011 \*\*\*150.00 Mailing Address Principal Place of Business 5801 BISCAYNE BLVD 5801 BISCAYNE BLVD MIAMI FL 33137 MIAMI FL 33137-2638 00007940 2. Principal Place of Business 3. Mailing Address 4621 Holly wood Blud DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 100 100 Applied For City & State 4. FEI Number City & State 65-0711395 Not Applicate \$8.75 Additional 5. Certificate of Status Desired 33021 33021 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WASSERSTROM BARRY Street Address (P.O. Box Number is Not Acceptable) Hollywood 5801 BISCAYNE BLVD suite **MIAMI FL 33137** 8. The above named entity entry its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, TITLE Addition TITLE Delete WASSERSTROM BARRY Holly wood FL 33021 Browning NAME NAME STREET ADDRESS STREET ADDRESS 5801 BISC. BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL **VSTD** Addition ☐ Delete TITLE TITLE INFELD, ROBERT NAME NAME 5801 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Additior TITLE TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ Delete TITLE TITLE NAME NAME

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 a address, with a other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00 954.

Daytime Phone #