

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90261 011 ***150.00

DOCUMENT # P97000029138

1. Entity Name
AB-WEB CORPORATION



Principal Place of Business
**3741 SUNNY ISLES BLVD #102
N MIAMI BEACH FL 33160**

Mailing Address
**3741 SUNNY ISLES BLVD #102
N MIAMI BEACH FL 33160**

2. Principal Place of Business
116850-112 Collins Ave #102
Suite, Apt. #, etc.

3. Mailing Address
116850-112 Collins Ave #102
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Sunny Isles Beach, FL
Zip
33160

City & State
Sunny Isles Beach, FL
Zip
33160

4. FEI Number
65-0742001

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BEHAR, JIM-BARRY
3741 SUNNY ISLES BLVD #102
N MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
116850-112 COLLINS AVE #102
City
Sunny Isles Beach FL Zip Code
33160

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

4/20/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
DPS ☐ Delete
NAME
BEHAR, JIM-BARRY
STREET ADDRESS
3741 SUNNY ISLES BLVD #102
CITY-ST-ZIP
N MIAMI BEACH FL 33160

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE ☒ Change ☐ Addition
NAME
116850-112 Collins Ave #102
STREET ADDRESS
Sunny Isles Beach FL 33160-4291
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 **305-919-7890**
Date Daytime Phone #

CR2E034 (10/02)