

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**  
 04-29-2002 90073 032 \*\*\*150.00

**DOCUMENT # P97000041464**

**1. Entity Name**  
**ABE'S HOTEL-AIRPORT CAR SERVICE CORP.**

**Principal Place of Business**

**1213 LAKE AVENUE #116**  
**LAKE WORTH FL 33460**

**Mailing Address**

**3100 BUCCANCER RD.**  
**LANTANA FL 33462**  
**US**

**2. Principal Place of Business**

**1707 Pierce Drive**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Lake Worth, FL**

**City & State**

**Lake Worth, FL**

**Zip**

**33460**

**Country**

**US**

**Zip**

**33460**

**Country**

**US**

**4. FEI Number**

**65-0765806**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**BOUTROS, IBRAHAM**

**1213 LAKE AVENUE #116**  
**LAKE WORTH FL 33460**

**1707 Pierce Drive**  
**Lake Worth, FL 33460**

**7. Name and Address of New Registered Agent**

**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.

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BOUTROS, IBRAHAM	321 S C ST	LAKE WORTH FL 33460	<input type="checkbox"/>
VD	MAGDA, BOUTROS	321 S C STREET	LAKE WORTH FL 33460	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1707 Pierce Drive	Lake Worth, FL 33460	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1707 Pierce Drive	Lake Worth, FL 33460	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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 an other like empowered.**

**SIGNATURE:**

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

**IBRAHAM BOUTROS 4/12/02**

**Date**

**Daytime Phone #**

CR2E034 (9/01)