

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90318 015 ***150.00

DOCUMENT # P97000061907**1. Entity Name**
ABE BUSINESS EQUIPMENT SYSTEMS, INC.**Principal Place of Business****16533 S.W. 1ST STREET**
PEMBROKE SHORES
PEMBROKE PINES FL 33027
US**Mailing Address****16533 S.W. 1ST STREET**
PEMBROKE SHORES
PEMBROKE PINES FL 33027
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number**65-0766836**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CARTER, JOHN H****16533 S.W. 1ST STREET****PEMBROKE SHORES****PEMBROKE PINES FL 33027**

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

TITLE	P <input type="checkbox"/> Delete
NAME	CARTER, JOHN H
STREET ADDRESS	16533 S.W. 1ST STREET
CITY-ST-ZIP	PEMBROKE PINES FL 33027
TITLE	VST <input type="checkbox"/> Delete
NAME	CATER, JEAN J
STREET ADDRESS	16533 S.W. 1ST STREET
CITY-ST-ZIP	PEMBROKE PINES FL 33027
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:***Jean Carter* **JEAN CARTER****4/12/02**

Date

305-623-8422

Daytime Phone #

CR2E034 (9/01)