

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0366075 AV

DOCUMENT # P98000020804

1. Entity Name

ABRA ENTERPRISES, INC.



Principal Place of Business

**13856 N.W. 22ND STREET
SUNRISE FL 33323**

Mailing Address

**13856 N.W. 22ND STREET
SUNRISE FL 33323**

2. Principal Place of Business

9035 Pines Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tempe Pines, FL 33024

City & State

Suite, Apt. #, etc.

Zip

33024 USA

Country

Zip

Country

4. FEI Number

65-0816778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INTERNATIONAL BUSINESS INCORPORATORS, INC.
8108 S.W. 103 AVENUE
MIAMI FL 33173**

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. 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)

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 **CPD** ☐ Delete
NAME **PILASKI, ARTHUR E**
STREET ADDRESS **13856 NW 22ND STREET**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **VTSD** ☐ Delete
NAME **PILASKI, BETTY A**
STREET ADDRESS **13856 NW 22ND STREET**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

ARTHUR PILASKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR PILASKI 4/9/03 954/410

Date

Daytime Phone

5277

CR2E034 (10/02)