

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000022995**1. Entity Name
THE EVENT-SALE, INC.

Principal Place of Business 8031 NE 5TH AVE MIAMI FL 33138	Mailing Address 8031 NE 5TH AVE MIAMI FL 33138
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2. Principal Place of Business 2951 NW 27TH STREET	3. Mailing Address 2951 NW 27TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OAKLAND PARK FL	City & State OAKLAND PARK FL
Zip 33311	Country

4. FEI Number 65-0857376	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentKLEIN STUART B
1551 FORUM PLACE, SUITE 400B

WEST PALM BEACH FL 33401**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 _____ DATE **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ABRAMS TODD	
STREET ADDRESS	2640 NE 135TH ST. #311	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ABRAMS TODD	
STREET ADDRESS	2640 NE 135TH ST. #311	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	P	<input type="checkbox"/> Delete
NAME	ABRAMS DAVID	
STREET ADDRESS	20 CORN RIDGE DR. #103	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABRAMS LEN	
STREET ADDRESS	2200 S. OCEAN LN #2708	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS DAVID	
STREET ADDRESS	5322 NW. 125TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: David Abrams

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05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)