

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90496 001 ***150.00

DOCUMENT # P98000027895

1. Entity Name
AB VENTURES, INC.

Principal Place of Business
5310 NW 33RD AVENUE
SUITE 219
FORT LAUDERDALE FL 33309

Mailing Address
5310 NW 33RD AVENUE
SUITE 219
FORT LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4901 N. FED. HWY
 Suite, Apt. #, etc.
100

3. Mailing Address
4901 N. FED. HWY
 Suite, Apt. #, etc.
100

City & State
FT. LAUDERDALE, FL
 Zip
33308

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FT. LAUDERDALE, FL
 Zip
33308

4. FEI Number
65-0825366

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BARBER, KENNETH T
~~**5310 NW 33RD AVENUE**~~
~~**SUITE 219**~~
~~**FORT LAUDERDALE FL 33309**~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
4901 N. FED. HWY #100
 City
FT. LAUDERDALE **FL** Zip Code
33308

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 _____ (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	D BARBER, KENNETH T 5310 NW 33RD AVE, #219 FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, KENDALL 5310 NW 33RD AVE, #219 FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, KENNETH T 4901 N. FED. HWY #100 FT. LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, KENDALL 4901 N. FED. HWY #100 FT. LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002
 Date

954-491-3848
 Daytime Phone #

CR2E034 (9/01)