## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

DOCUMENT # P98000028694  1. Entity Name  ABE GROUP ENTERPRISES, INC.				Feb 22, 2000 8:00 am Secretary of State 02-22-2000 90021 044 ***150.00
Principal Plac	e of Business	Mailing Address	·····	
3440 HOLLYWOOD BLVD. #450 HOLLYWOOD FL 33021		3440 HOLLYWOOD BLVD. #450 HOLLYWOOD FL 33021-6933		
				* 120 HORE THE 1910 ISHIN BEHN BEHN BEHN BEHN BEHNE HERE JEHNE BING 1870 EIN BISCH
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0829235 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
- ·	· · ·		Name	
GRAND, MARK S ESQ 3440 HOLLYWOOD BLVD. #450 HOLLYWOOD FL 33021			Street Addres	ass (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above	named entity submits this statement for	r the purpose of changing its	s registered office or regis	istered agent, or both, in the State of Florida.
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	FE: Registered Agent signature req	quired when reinstating) DATE
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 20	!!! FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of :	
11,	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	DVPS GRAND, MARK S 3440 HOLLYWOOD BLVD. #450	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	HOLLYWOOD FL 33021 DPAS		TITLE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRAND, LEONARD 3440 HOLLYWOOD BLVD. #450 HOLLYWOOD FL 33021	□ Deiete	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	T GRAND, MARKS S 3440 HOLLYWOOD BLVD 450 HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOLL WOOD IL GOOD!	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	l on this conort or cumplemental report is	strue and accurate and that owered to execute this report	my signature shall have t t as required by Chapter	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED