## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 10, 2002 8:00 am Secretary of State DOCUMENT # P98000028694 1. Entity Name ABE GROUP ENTERPRISES. INC. 02-10-2002 90043 032 \*\*\*150.00 Principal Place of Business Mailing Address 3440 HOLLYWOOD BLVD. #450 3440 HOLLYWOOD BLVD. #450 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0829235 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAND, MARK S ESQ Street Address (P.O. Box Number is Not Acceptable) 3440 HOLLYWOOD BLVD. #450 HOLLYWOOD FL 33021 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DVPS** TITLE ☐ Delete TITLE ☐ Addition NAME GRAND, MARK S NAME 3440 HOLLYWOOD BLVD. #450 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE **DPAS** ☐ Delete ☐ Change ☐ Addition TITLE NAME GRAND, LEONARD NAME STREET ADDRESS 3440 HOLLYWOOD BLVD. #450 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME GRAND, MARKS S. NAME STREET ADDRESS STREET ADDRESS 3440 HOLLYWOOD BLVD 450 CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE TITLE Change □ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTER & STATE OF SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OF S

1/32/02 (94) 989-2889

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