2001 UNIFORM BUSINESS REPORT (UBR) May 29, 2001 8:00 am Secretary of State P860000088480 DOCUMENT # 2 1. Entity Name 05-29-2001 90001 019 ***150.00 ABOM ENTERPRISES, INC. Principal Place of Business Mailing Address 529 SOUTH DIXIE HWY. E 529-SOUTH-DIXIE HWY.E. POMPANO BEACH FL POMPANO BEACH, FL *33*0UO *3*30U0 2. Principal Place of Business 3. Mailing Address 52A SOUTH DIXIE HWY. E <u>529 SOUTH DIXIE HWY. E</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 45-1070426 Not Applicable <u>rompano BEACH, FL</u> POMPANO BEACH Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 330UO 330LO USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>MALTER LAYTON</u> WALTER LAYTON Street Address (P.O. Box Number is Not Acceptable) 151 RIVERA CT. ROYAL PALM BEACH, FL 151 RIVERA CT. 33411 Zip Code 334 I I office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registory SIGNATURE WALTER LAYTON APKIL 24, 2001 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if ap 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD TITLE Change ☐ Addition TITLE Delete WALTER LAYTON NAME NAME STREET ADDRESS STREET ADDRESS 151 KIVERA CT. CITY-ST-ZIP CITY-ST-7IP ROYAL PALITY BEACH; FL 33411 ☐ Change ☐ Addition Delete TITLE TITLE STUAKT ENGLE NAME NAME 3992 NW UZ CT. STREET ADDRESS STREET ADDRESS COCONUTICKEEK, FL. 33073 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE --☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

2001

(964) 545 - 0830

Daytime Phone #

SIGNATURE: WALTER LAYTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O