2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000064486							Sep 13, 2001 8:00 am Secretary of State				
A. B. & F. ENTERPRISES, INC.						09-13-2001 90054 009 ***150.00					8
)					
Principal Place of Business 2213 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024			Mailing Address 2213 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024			1100		1111111111 1100	616 11 4186 1	48H4 BIIJ 1881	
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 Numbe	er 65-0855643			oplied For	7
Zip	Country		Zip	Country		5. Certificate	of Status Desired		8.75 Add		
	_6. Name a	nd Address of Current Re	gistered Agent			7. Name and	Address of New Regis	tered Ag	gent]
BERGER, LESLIE H					Name	ddress (P.O. Box Number is Not Acceptable)					-
2213 N UNIVERSITY DRIVE					Street Address	(P.O. Box Numb	er is Not Acceptable)				
	E PINES FL		•								7
					City			FL	Zip Cod	le	1.
8. The above	named entity s	ubmits this statement for the	ne purpose of changing it	s register	red office or registe	ered agent, or bo	th, in the State of Florida				1
SIGNATURE	Signature, typed or	printed name of registered agent and	title if applicable. (NO	TE: Register	ed Agent signature require	ed 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! After September 12 Make Check Payab					Fee will be \$750						
11.		OFFICERS AND DI	RECTORS	12.		ADDITIONS	CHANGES TO OFFICER	S AND (DIRECTOR	S IN 11]_
TITLE D D Delete NAME BLOWSTEIN, FLORENCE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33484					LE AE EET ADDRESS Y-ST-ZIP				☐ Change	☐ Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					☐ Change ☐			Addition	8	
NAME STREET ADDRESS CITY-ST-ZIP	a ray tear	3 <u></u> "	Delete -		i i		الميسيد والمعددات والمعدد	~~	- Change-	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1				☐ Change	Addition	1
TITLE NAME			☐ Delete	TITL					☐ Change	☐ Addition	

CITY-ST-ZIP

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.

TITLE NAME ☐ Change

☐ Addition

Delete

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS gg a

Leslie Howard Benger, J.D.

2213 NORTH UNIVERSITY DRIVE PEMBROKE PINES HOLLYWOOD, FLORIDA 33024-3677

> OFFICE: (954) 962-9622 FAX (954) 962-9624

September 7, 2001

Division of Corporations Uniform Business Report Filings Post Office Box 1500 Tallahassee, Florida 32302-1500

RE: A. B. & F. ENTERPRISES, INC.

Dear Sir:

I enclose herewith my escrow check number 15024 in the amount of \$150.00 made payable to the Secretary of State, along with the 2001 Uniform Business Report as executed by my client Florence Blowstein.

I have been advised by Carole A of the Division of Corporations Telephone Inquiry that I should submit the check of \$150.00 since I never received the original 2001 Uniform Business Report.

Please correct your records and accept the enclosed form and acknowledge receipt of the \$150.00. All correspondence should be made directly to the undersigned at the above address.

Very truly yours,

LESLIE HOWARD BERGER, J.D.

LHB/dr

Certified/Return Receipt