2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000081962 **DOCUMENT #**

1. Entity Name

ABB PRODUCTS OF SOUTH FLORIDA, INC.



Mar 31, 2003 8:00 am Secretary of State **FILED**

03-31-2003 90921 048 ***150.00

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Principal Place of Business 2301 NW 33 CT. BAY 115 POMPANO BEACH FL 33069		2301 BAY 1	Mailing Address 2301 NW 33 CT. BAY 115 POMPANO BEACH FL 33069									
2. Principal Place of Business		3. Mail	3. Mailing Address				† (60) 50) 110 10 11 12 1				1 83450 1383 1003 	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State		City	City & State			4. FI	El Number 65-0869774			Applied For Not Applicable]
Zip	Country Zip		Country		1					\$8.75 Additional Fee Required		
	6. Name and Address of Currer	nt Registere	d Agent			7. N	ame and Address o	f New Regi	stered A	jent]
					Name							1
SCHWARTZ, TERRENACE'S ESQ			Stroot Address			<u>≥</u> =	x Number is Not Acc	ontable)			~	1-
141 N.E.	THIRD AVE., STE. 601				Sileet Address	(F.O. BC	A Number is Not Acc	epiable)				
MIAMI FL	·]
1910/U411 1 L	. 55 152			-	City				FL	Zip Co	de	
	e named entity submits this statement tions of registered agent.	for the purp	ose of changing its r	registered	office or registe	ered age	nt, or both, in the Sta	te of Florida	a. I am fa	miliar with	, and accept	1
trie obligat	tions of registered agent.											
SIGNATURE	•	int and title if appl	licable, (NOTE:	Registered Ag	gent signature require	ed when reir	nstating)		DATE			}
SIGNÁTURE F Aftel	· ·	0	licable. (NOTE:	Registered Ac	gent signature require	ed when rein	nstating) 9. Election Camp Trust Fund Cor	-			O May Be	
SIGNÁTURE F Aftel	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	0 of State		Registered A	gent signature require		9. Election Camp	ntribution.	cing	Adde	d to Fees	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP