

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90021 012 ***150.00

DOCUMENT # P98000089230

1. Entity Name
F.A.B. CONSULTANTS, INC.

Principal Place of Business

7231 SW 130 AVE
MIAMI FL 33183

Mailing Address

7231 SW 130 AVE
MIAMI FL 33183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9010 SW 137TH AVE

3. Mailing Address

9010 SW 137TH AVE

Suite, Apt. #, etc.

245

City & State

Miami, FL

Suite, Apt. #, etc.

245

City & State

Miami, FL

4. FEI Number 65-0869472

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FABIO, HERBERT
7231 SW 130 AVE
MIAMI FL 33183

Name FABIO, HERBERT

Street Address (P.O. Box Number is Not Acceptable)

1115 SW 134TH AVE

City

Miami, FL 33186 FL

Zip Code

33186

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

Herbert Fabio - President
HERBERT FABIO - President

4/29/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FABIO, HERBERT	
STREET ADDRESS	14341 SW 97 LN	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/> Delete
NAME	FABIO, HERBERT	
STREET ADDRESS	7231 SW 130 AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	S	<input type="checkbox"/> Delete
NAME	FABIO, DEBRA	
STREET ADDRESS	7231 SW 130 AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FABIO, PEARL	
STREET ADDRESS	94 GRANDVIEW AVE	
CITY-ST-ZIP	GREAT NECK NY 11020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 filers empowered.

SIGNATURE:

Herbert Fabio - President
HERBERT FABIO **4/29/02** **(305) 408-3083**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)