## 2001 UNIFORM BUSINESS REPORT (UBR)

NAME

STREET ADDRESS

**SIGNATURE:** 

CITY-ST-ZIP

## FILED Sep 18, 2001 8:00 am Secretary of State DOCUMENT # P9900000067 1. Entity Name 09-18-2001 90016 005 \*\*\*150.00 ABE'S WHOLESALE, INC. Principal Place of Business Mailing Address 2301 W. SAMPLE ROAD 2301 W. SAMPLE ROAD BLDG. 4. SUITE 1A BLDG. 4. SUITE 1A POMPANO BEACH FL 33073 POMPANO BEACH FL 33073 3. Mailing Address O AUAN FISHMAN 2301 W. SAMPLE RD. 2. Principal Place of Business 40 ALAN FISHMAN DO NOT WRITE IN THIS SPACE City & State Applied For 65-0908703 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISHMAN, ALAN Street Address (P.O. Box Number is Not Acceptable) 2301 W. SAMPLE!ROAD BLDG. 4. STE. 1A POMPANO BEACH FL 33073 Zip Çode 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (5/01)TITLE TITLE Change ☐ Addition FREEMAN, STANLEY YO ALAN FISHMAN NAME 2301 W. SAMPLE ROAD, 4-1A CR2E034 STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33073 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change - ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 like empowered.

Attouchment DH poplation

## ALAN FISHMAN & ASSOCIATES, P.A.

ALAN S. FISHMAN MARITAL LAW CRIMINAL LAW BUSINESS LAW MICHAEL R. VINES

OF COUNSEL
KENNETH H. TRIBUCH, P.A.

2301 WEST SAMPLE ROAD BUILDING 4, SUITE 1A POMPANO BEACH, FLORIDA 33073

BROWARD/BOCA RATON (954) 975-7800 PALM BEACH (561) 732-1755 FAX (954) 978-7399

September 12, 2001

Secretary of State Division of Corporations P.O. Box #1500 Tallahassee, FL 32302

> Re: Abe's Wholesale, Inc. FEI # 65-0908703 Document # P9900000067

Dear Division of Corporations:

Please be advised that this office is the attorney for Abe's Wholesale, Inc. We received a number of Uniform Business Report Forms for corporations for which we are counsel, but did not receive the form for Abe's Wholesale, Inc. despite the fact that this office is the corporate office address for the company. We did receive the late notice in connection with this company.

I would request a waiver of the \$400.00 penalty since the first notice was not received by myself or the company.

Respectfully,

Alan S. Fishman, Esq.

STATE OF FLORIDA

}SS:

**COUNTY OF BROWARD** }

SWORN TO AND SUBSCRIBED before me this 2dday of September, 2001, by ALAN S. FISHMAN, who is personally known by me or who has produced

as identification.

Mayra Crawford

My Cotenassion & Corpost Expires

My Cotenassion & Corpost Expires

Bonded Thru troy fain insurance, inc.

{Printed, Stamped or Typed Name of Notary Public}