

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90038 033 ***155.00

DOCUMENT # P99000004881

1. Entity Name
AB&B ENTERPRISE, INC.

Principal Place of Business 552 OLYMPIC VILLAGE, #7 ALTAMONTE SPRINGS FL 32714	Mailing Address 552 OLYMPIC VILLAGE, #7 ALTAMONTE SPRINGS FL 32714
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2. Principal Place of Business 8001 South O.B.T. Suite, Apt. #, etc. #992B ORLANDO, FLORIDA City & State	3. Mailing Address 8001 South O.B.T. 992B. City & State ORLANDO, FLORIDA
Zip 32809 Country U.S.A.	Zip 32809 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3552488** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHIN, KANWAL N
552 OLYMPIC VILLAGE, #7
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 *Narinder Singh* **NARINDER SINGH, V.P. 3.14.01.**
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, 2001 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 D	<input checked="" type="checkbox"/> Delete
NAME CHIN, KANWAL N	
STREET ADDRESS 552 OLYMPIC VILLAGE, #7	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME SINGH, NARINDA	
STREET ADDRESS 552 OLYMPIC VILLAGE #7	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32744	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHIN, KANWAL N	
STREET ADDRESS 6641 BOUGANVILLE CRESCENT DR.	
CITY-ST-ZIP ORLANDO, FL-32809.	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINGH NARINDER	
STREET ADDRESS 6641 BOUGANVILLE CRESCENT DR.,	
CITY-ST-ZIP ORLANDO, FL-32809.	
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 19.07(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.

SIGNATURE: *Narinder Singh* **NARINDER SINGH 3.14.01. 407-240-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)