

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90031 010 ***150.00

DOCUMENT # *P99000021384*

1. Entity Name
THE LABEL STABLE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

241 US HWY 1

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TEQUESTA FL

City & State

4. FEI Number

65-0906822

Applied For

Not Applicable

Zip

33477

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *ABE DABABNEH*

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

241 US HWY 1

City

TEQUESTA FL

Zip Code

33477

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

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**

**January 1 - May 1 Fee is \$100.00
May 1 - May 31 Fee is \$200.00
May 31 - May 31 Fee is \$300.00
May 31 - May 31 Fee is \$400.00
May 31 - May 31 Fee is \$500.00**

**10. Election Campaign Financing
Trust Fund Contribution.**

☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE *PRES*
NAME *ABE DABABNEH*
STREET ADDRESS *234 SEABREEZE CIRCLE*
CITY-ST-ZIP *JUPITER, FL 33477*

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE *(Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)