

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90055 005 ***150.00

DOCUMENT #

P99000078968

1. Entity Name

AFAB SERVICES, INC

DO NOT WRITE IN THIS SPACE

653347

2. Principal Place of Business

5160 SW 40 Ave. #23-D

3. Mailing Address

5160 SW 40 Ave #23-D

Suite, Apt. #, etc.

#23-D

Suite, Apt. #, etc.

#23-D

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

Country

33314 US

Zip

Country

33314 US

4. FEI Number

65-0946138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PETERS, LARRY

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

5160 SW 40th AVE

#23-D

City

FT. LAUDERDALE

FL

Zip Code

33314

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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 \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, LARRY 5160 SW 40th Ave # 23-D FT. Lauderdale, FL 33314
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CR2E034B (12/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

Date

954-560-7331

Daytime Phone #