

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90139 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000078968			
1. Entity Name AFAB SERVICES, INC.			
Principal Place of Business 5160 SW 40TH AVENUE #23-D FORT LAUDERDALE, FL 33314		Mailing Address 5160 SW 40TH AVENUE #23-D FORT LAUDERDALE, FL 33314	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
		4. FEI Number 65-0946138	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERS, LARRY 5160 SW 40TH AVENUE #23-D FORT LAUDERDALE, FL 33314		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME PETERS, LARRY		NAME	
STREET ADDRESS 5160 SW 40TH AVENUE #23-D		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE, FL 33314		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		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	
12. 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 reports 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, and/or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.			
SIGNATURE <i>Larry Peters</i>		Date 4/22/03	
SIGNATURE AND TITLE OF PERSONAL NAME OF SIGNING OFFICER OR DIRECTOR		Date	