

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90021 027 ***150.00

DOCUMENT # S62540

1. Entity Name

ABEL UNLIMITED INC.

Principal Place of Business

1649 FORUM PLACE
 STE 12
 W PALM BEACH FL 33401
 US

Mailing Address

1649 FORUM PL
 STE 12
 WEST PALM BEACH FL 33401-2331
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2486868

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALTZ, MARVIN
1649 FORUM PLACE
STE 12
WEST PALM BEACH FL 33401

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
MALTZ, ROBERT B.
 STREET ADDRESS **16149 VIA MONTE VERDE**
 CITY-ST-ZIP **DELRAY BCH FL 33446**

Change Addition
 TITLE
 NAME **6769 Molakai Circle**
 STREET ADDRESS **Boynton Beach, FL 33437**
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
MALTZ, JUDITH M.
 STREET ADDRESS **16149 VIA MONTE VERDE**
 CITY-ST-ZIP **DELRAY BCH FL 33446**

Change Addition
 TITLE
 NAME **6769 Molakai Circle**
 STREET ADDRESS **Boynton Beach, FL 33437**
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
MALTZ, MARVIN
 STREET ADDRESS **10270 ALLAMANDA BLVD**
 CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
METSKY, ALLAN
 STREET ADDRESS **10216 ALLAMANDA BLVD**
 CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
DUSHMAN, LARRY
 STREET ADDRESS **451 PLAIN TAIN TERR**
 CITY-ST-ZIP **PEACHTREE CITY GA 30269**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 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.

SIGNATURE:

MARVIN MALTZ **MARVIN MALTZ**

1/17/00

561-688-1105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)