

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

0348373 AV

**DOCUMENT # S62540**

1. Entity Name  
**ABEL UNLIMITED INC.**

01-30-2002 90152 049 \*\*\*158.75

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**  
**US**

00013702



DO NOT WRITE IN THIS SPACE

|                                |         |                    |         |  |  |  |  |
|--------------------------------|---------|--------------------|---------|--|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address |         | 4. FEI Number <b>04-2486868</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc             |         | Suite, Apt. #, etc |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |  |  |
| City & State                   |         | City & State       |         |  |  |  |  |
| Zip                            | Country | Zip                | Country |  |  |  |  |

|   |  |  |  |  |  |  |  |    |  |          |  |
|---|--|--|--|--|--|--|--|----|--|----------|--|
| 5. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |    |  |          |  |
| <b>MALTZ, MARVIN</b><br><b>1649 FORUM PLACE</b><br><b>STE 12</b><br><b>WEST PALM BEACH FL 33401</b> |  |  |  | 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 fee if applicable (NOTE: Registered Agent's signature required when registering)

|   |   |   |                                    |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NO. 04-2486868</b><br><b>Fee is \$180.00</b><br><b>Fee will be \$550.00</b><br><b>Department of State</b> | 10. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MALTZ, ROBERT B.</b><br><b>6769 MOLAKAI CIR</b><br><b>BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add<br><b>Ina Metsky</b><br><b>10216 Allamanda Blvd.</b><br><b>Palm Beach Gardens, FL 33410</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MALTZ, JUDITH M.</b><br><b>6769 MOLAKAI CIR</b><br><b>BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add<br><b>Alisa Maltz</b><br><b>10270 Allamanda Blvd.</b><br><b>Palm Beach Gardens, FL 33410</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MALTZ, MARVIN</b><br><b>10270 ALLAMANDA BLVD</b><br><b>PALM BCH GARDENS FL 33410</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>METSKY, ALLAN</b><br><b>10216 ALLAMANDA BLVD</b><br><b>PALM BCH GARDENS FL 33410</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>DUSHMAN, LARRY</b><br><b>451 PLANTAIN TERR</b><br><b>PEACHTREE CITY GA 30269</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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** 01/07/02 561-688-1105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 19/01