

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

DOCUMENT # **G-39032**

1. Entity Name

Abad & Sons Decorations Supplies Inc

FILED

09 JAN -5 PM 1:26

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
REINSTATEMENT

000139475360
01/05/09--01021--015 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6390 SW 18 Terrace

Suite, Apt. #, etc

3. Mailing Address

6390 SW 18 Terrace

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

592296520

Applied For

Not Applicable

Zip

33155

Country

MIAMI, FL

Zip

33155

Country

MIAMI, FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ORLANDO DIAZ

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

6390 SW 18 Terrace

City

MIAMI

FL

Zip Code

33155

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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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12-29-08

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-STATE-ZIP
*P-D
ORLANDO DIAZ
6390 SW 18 TERRACE
MIAMI, FL 33155*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000139475360
01/05/09--01021--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
*STD
NIEVES DIAZ
6390 SW 18 TERRACE
MIAMI, FL 33155*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000139475360
01/05/09--01021--017 **150.00

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STREET ADDRESS
CITY-STATE-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 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 #

12-29-08

Miami, Florida
December 29 2008

RE: Division of Corporation
Annual Report Years 2006-07-08
59-2290560
G-39032
Abad & Sons Decorators Supplies Inc

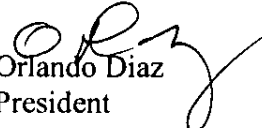
Dear Sir :

Attached 3 checks by \$150.00 each covering the fees for the reports of reference.

This reports never were received from Tallahassee, now I went to the Bank for a loan and the Bank inform to me that not report was filed.

I appreciate very much for you attention to this file in order to the Bank give me the loan.

Very Truly


Orlando Diaz
President