

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

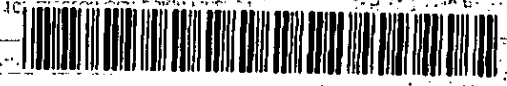
05-20-2002 90086 031 \*\*\*150.00

**DOCUMENT # P01000003515**

1. Entity Name  
**ABBEY BRAND CONSULTING, INC.**

Principal Place of Business <b>2601 S. BAYSHORE DRIVE SUITE 300C MIAMI FL 33133</b>	Mailing Address <b>2601 S. BAYSHORE DRIVE SUITE 300C MIAMI FL 33133</b>	ADDITIONAL CHARGES TO OFFICER'S FEE <b>92408</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number <b>05-1067193</b> Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent <b>BARADAT, ANTHONY          2601 S. BAYSHORE DRIVE          SUITE 300C          MIAMI FL 33133</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code



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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back) **After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARADAT, ANTHONY 2601 S. BAYSHORE DRIVE SUITE 300C MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IGLESIAS, RAFAEL 2601 S. BAYSHORE DRIVE SUITE 300C MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/02** Daytime Phone #: **305-859-8989**

CR2E034 (9/01)