

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90064 016 ***150.00

DOCUMENT # P96000015634
 1. Entity Name
ABF AMERICAN BUSINESS CORP.

Principal Place of Business Mailing Address
MIAMI FL USA 8960 NW 8 ST # 108
MIAMI FL 33172

A0062535

2. Principal Place of Business 3. Mailing Address
8960 NW 8 ST 8960 NW 8 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
108 # 108
 City & State City & State
MIAMI FL MIAMI FL
 Zip Country Zip Country
33172 USA 33172 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0653229 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
William Bolivar
5900 SW 127 AV # 3101
MIAMI FL 33183

7. Name and Address of New Registered Agent
 Name ANABELLA IAGRAVE
 Street Address (P.O. Box Number is Not Acceptable)
8960 NW 8 ST # 108
 City MIAMI FL Zip Code 33172

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 ANABELLA IAGRAVE DATE 4-25-01
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. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
~~After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>KEILER BOLIVAR</u> <input checked="" type="checkbox"/> Delete <u>CARACAS VENEZUELA</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ROGER BOLIVAR</u> <input checked="" type="checkbox"/> Delete <u>CARACAS - VENEZUELA</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>MAXIMO BOLIVAR</u> <u>CARACAS VENEZUELA</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>General MANAGER</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>William BOLIVAR</u> <u>9302 MLK #1323</u> <u>TAMPA FL 33610</u>
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"/> 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: Schme DATE: 4-25-01 (813) 246-9531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)