

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013657

1. Entity Name  
ABC'S BOOK SUPPLY, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90162 033 \*\*\*150.00

Principal Place of Business      Mailing Address  
7309 WEST FLAGLER STREET      7309 WEST FLAGLER STREET  
MIAMI FL 33144      MIAMI FL 33144-2505



DO NOT WRITE IN THIS SPACE

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 **65-0814296**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LAMAS, REBECA RAQUEL**  
**7309 WEST FLAGLER STREET**  
**MIAMI FL 33144**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>LAMAS, REBECA RAQUEL</b> <b>10425 SOUTHWEST 62ND STREET</b> <b>MIAMI FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>ROSAS, CARIDAD</b> <b>10822 S W 72ND STREET, UNIT 92</b> <b>MIAMI FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>ROSAS, SILVIA S</b> <b>10822 S W 72ND STREET, UNIT 92</b> <b>MIAMI FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>GILBERT, WINIFRED</b> <b>6850 S W 45TH LANE #1</b> <b>MIAMI FL 33155</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>VP/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9143 SW 70 Terrace</b> <b>MIAMI, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9735 SW 15 Street</b> <b>MIAMI, FL 33174</b>
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"/> 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: Caridad Rosas      Date: 4/18/2000      Daytime Phone #: (305) 262-4240

CR2E034 (9/99)