

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000062633

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: ABKEY NO. 17, INC.

## Current Principal Place of Business:

ABKEY NO. 17, INC.  
P.O. BOX 330927  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

3444 MAIN HIGHWAY  
THIRD FLOOR  
COCONUT GROVE, FL 33133

## Current Mailing Address:

ABKEY NO. 17, INC.  
P.O. BOX 330927  
COCONUT GROVE, FL 332330927

## New Mailing Address:

FEI Number: 65-0945504      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1500 MIAMI CENTER  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: AMOS, BETTY G  
Address: P.O. BOX 330927  
City-St-Zip: COCONUT GROVE, FL 332330927

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP ( ) Change (X) Addition  
Name: RIGHETTI, THOMAS R  
Address: P. O. BOX 330927  
City-St-Zip: COCONUT GROVE, FL 33233 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY AMOS

DPST

04/29/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date