

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90158 033 \*\*\*150.00

**DOCUMENT # P99000106307**

1. Entity Name  
**ABC DISTRIBUTORS SERVICES INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business S.W. 107TH AVENUE SUITE 406 FL 33174	Mailing Address 400 S.W. 107TH AVENUE SUITE 406 MIAMI FL 33174
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEL Number 65-096 7479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MORABAL, ADOLFO C**  
**400 S.W. 107TH AVENUE**  
**SUITE 406**  
**MIAMI FL 33174**

7. Name and Address of New Registered Agent  
 Name: **Becky Garcia**  
 Street Address (P.O. Box Number is Not Acceptable): **400 SW 107 Ave STE 407**  
 City: **Miami** FL Zip Code: **33174**

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) 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>D</b> <b>MIRABAL, ADOLFO C</b> <b>400 S.W. 107TH AVENUE</b> <b>MIAMI FL 33174</b> <input checked="" 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
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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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>Becky Garcia</b> <b>400 SW 107 Ave #407</b> <b>Miami Fla. 33174</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4-15-00** (315) 551 4006 Daytime Phone #

CR2E034 (9/99)