2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000106307**

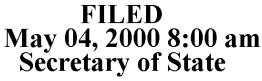
ABC DISTRIBUTORS SERVICES INC.

Principal Place of Business CC S.W. 107TH AVENUE

Mailing Address

400 S.W. 107TH AVENUE

SUITE 406 ----- 406 MIAMI FL 33174 FL 33174 2. Principal Place of Business 3. Mailing Address



05-04-2000 90158 033 ***150.00



Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE		
				4.65_Number 96 7479	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
MORABAL, ADOLFO C 400 S.W. 107TH AVENUE SUITE 406 MIAMI FL 33174			Street Add	Icky Sancia- Iress (RO Box Number is Not Acceptable) Aue STE	401 FL 33/74	
GNATURE =	med entity submits this statement of the		nging its registered office or re	egistered agent, or both, in the State of Florida.	TATE	

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

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

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE MIRABAL, ADOLFO C NAME STREET ADDRESS 400 S.W. 107TH AVENUE STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP **MIAMI FL 33174** ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition C Oelete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: