2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachr

SIGNATURE:

FILED DOCUMENT # **J19646** Jan 13, 2000 8:00 am **Secretary of State** AMERICAN BINDERS AND TABS INC. 01-13-2000 90013 049 ***150.00 Principal Place of Business Mailing Address 1814 NE MIAMI GARDEN DR. STE. 100 1814 NE MIAMI GARDEN DR., STE. 100 NORTH MIAMI BEACH FL 33179-5036 NORTH MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2762185 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUGHES, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4101 NE 20 AVE 1814 NE Mami Gardens FT. LAUDERDALE FL 23308 PM B 100 Zip Code FL N.M.B, F1 33179 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 1814 NE Miami Gardens ☐ Addition **PVPS** TITLE ☐ Delete TITLE HUGHES, RICHARD NAME NAME STREET ADDRESS 4101 NE 26 AVE. STREET ADDRESS C!TY-ST-ZIP FT. LAUDERDALE FL 33308 CITY-ST-ZIF TITLE 1814 NE Miami Garde TITLE ☐ Delete HUGHES, RICHARD NAME NAME PMB 100 STREET ADDRESS -4101 NE 26 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2/P 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 errowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CR2E034 (9/99)

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Daytime Phone #

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