

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54303

1. Entity Name

ABATEMENT INCORPORATED

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90044 039 ***150.00

Principal Place of Business

4211 AURORA ST
CORAL GABLES FL 33146
US

Mailing Address

4211 AURORA ST
CORAL GABLES FL 33146-1824
US

2. Principal Place of Business

3595 Sheridan St.

Suite, Apt. #, etc.

103

City & State
Hollywood, Fl.

Zip
33021

Country
U.S.A.

3. Mailing Address

520 Brickell Key Drive

Suite, Apt. #, etc.

200

City & State
Miami, Fl.

Zip
33131

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2842636

Applied For

Not Applicable

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

MONTERO, ROBERTA
4211 AURORA ST
CORAL GABLES FL 33146

change address only

Name
Roberta Montero

Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Drive

200

City
Miami

FL

Zip Code
33131

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 Roberta Montero

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/2000

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 PD
NAME MONTERO, ROBERTA
STREET ADDRESS 4211 AURORA ST
CITY-ST-ZIP CORAL GABLES FL

☐ Delete

change address
only

TITLE
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STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Montero, Roberta
STREET ADDRESS 520 Brickell Key Drive #200
CITY-ST-ZIP Miami, FL 33131

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: Roberta Montero / Roberta Montero 4/14/2000 (305) 374-3346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #