

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90105 014 ***150.00

DOCUMENT # P02000056001

1. Entity Name
ABEND PARTS CORPORATION



Principal Place of Business
1725 MAIN STREET STE 205
WESTON FL 33326

Mailing Address
1725 MAIN STREET STE 205
WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
02-0609475

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

TOVAR, ILEANA A
1725 MAIN STREET STE 205
WESTON FL 33326

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ABEND, BERNARDO
STREET ADDRESS 1725 MAIN STREET STE 205
CITY-ST-ZIP WESTON FL 33326

TITLE PD ☒ Change ☐ Addition
NAME ABEND, BERNARDO
STREET ADDRESS 1294 CHINABERRY DR.
CITY-ST-ZIP WESTON FL 33327

TITLE VD ☐ Delete
NAME SACKS, CARLOS
STREET ADDRESS 1725 MAIN STREET STE 205
CITY-ST-ZIP WESTON FL 33326

TITLE VD ☒ Change ☐ Addition
NAME SACKS, CARLOS
STREET ADDRESS 1294 CHINABERRY DR.
CITY-ST-ZIP WESTON FL 33327

TITLE TD ☐ Delete
NAME SACKS, JULIETA
STREET ADDRESS 1725 MAIN STREET STE 205
CITY-ST-ZIP WESTON FL 33326

TITLE TD ☒ Change ☐ Addition
NAME SACKS, JULIETA
STREET ADDRESS 1294 CHINABERRY DR.
CITY-ST-ZIP WESTON FL 33327

TITLE SD ☐ Delete
NAME CALANDRIELLO, MARIA A
STREET ADDRESS 1725 MAIN STREET STE 205
CITY-ST-ZIP WESTON FL 33326

TITLE SD ☒ Change ☐ Addition
NAME CALANDRIELLO, MARIA A.
STREET ADDRESS 1294 CHINABERRY DR.
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

02/03/2003 (754) 2460598

Date Daytime Phone #

CR2E034 (10/02)