

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 547970

1. Entity Name

ABLE BUSINESS MACHINES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90086 011 ***150.00

Principal Place of Business 1664 E OAKLAND PK BLVD FT LAUD FL 33334 US	Mailing Address 1664 E OAKLAND PK BLVD FT LAUD FL 33334-5237 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1772108	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SQUIRE, STEVEN 500 N.E. THIRD AVENUE FORT LAUDERDALE FL 33301	7. Name and Address of New Registered Agent Name: Roberto Garcia Street Address (P.O. Box Number is Not Acceptable): 3201 Beechberry Circle City: Davie FL Zip Code: 33328
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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: Roberto Garcia Pres. DATE: 1/31/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, ROBERTO 3201 BEECHBERRY CIRCLE DAVIE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARCIA, CHRISTINE 3201 BEECHBERRY CIRCLE DAVIE FL <input type="checkbox"/> Delete	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: Christine Garcia DATE: 1/31/2000 DAYTIME PHONE #: (954) 566-8696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)