

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 547970

FILED  
Jan 30, 2003  
Secretary of State

Entity Name: ABLE BUSINESS MACHINES, INC.

## Current Principal Place of Business:

1664 E OAKLAND PK BLVD  
FT LAUD, FL 33334 US

## New Principal Place of Business:

## Current Mailing Address:

1664 E OAKLAND PK BLVD  
FT LAUD, FL 33334 US

## New Mailing Address:

FEI Number: 59-1772108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, ROBERTA  
3201 BLACKBERRY CIRCLE  
DAVIE, FL 33328

## Name and Address of New Registered Agent:

GARCIA, CHRISTINE  
3201 BLACKBERRY CIRCLE  
DAVIE, FL 33328

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: CHRISTINE GARCIA

01/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GARCIA, ROBERTO,  
Address: 3201 BEECHBERRY CIRCLE  
City-St-Zip: DAVIE, FL

Title: ST ( ) Delete  
Name: GARCIA, CHRISTINE,  
Address: 3201 BEECHBERRY CIRCLE  
City-St-Zip: DAVIE, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GARCIA, ROBERTO  
Address: 3201 BEECHBERRY CIRCLE  
City-St-Zip: DAVIE, FL 33328 BR

Title: PT (X) Change ( ) Addition  
Name: GARCIA, CHRISTINE  
Address: 3201 BEECHBERRY CIRCLE  
City-St-Zip: DAVIE, FL

Title: VP ( ) Change (X) Addition  
Name: GARCIA, CHRISTINA A  
Address: 3201 BEECHBERRY CIRCLE  
City-St-Zip: DAVIE, FL 33328 BR

Title: S ( ) Change (X) Addition  
Name: GARCIA, LIZETTE B  
Address: 3201 BEECHBERRY CIRCLE  
City-St-Zip: DAVIE, FL 33328 BR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE GARCIA

P

01/30/2003

Electronic Signature of Signing Officer or Director

Date