2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X

FILED **DOCUMENT # G99901** Feb 26, 2000 8:00 am **Secretary of State** WESTCHESTER ABACO CORP. 02-26-2000 90070 021 ***150.00 Principal Place of Business Mailing Address C/O SAM SCHWARTZ C/O SAM SCHWARTZ 1200 SOUTH BISCAYNE POINT ROAD 1200 SOUTH BISCAYNE POINT ROAD MIAMI BEACH FL 33141-1742 MIAMI BEACH FL 33141 rengragan 3. Mailing Address 2. Principal Place of Business TEGER, CPA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For 59-2779973 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CYNTHIA SCHWARTZ SCHWARTZ, SAM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH BISCAYNE POINT ROAD MIAMI BEACH FL 33141 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. 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 11. OFFICERS AND DIRECTORS Delete TITI F ☐ Change TITLE CYNTHIA SCHWARTZ SCHWARTZ, SAM NAME NAME 1200 S. BISCAYNE POINT RD. STREET ADDRESS STREET ADDRESS 1200 S BISCAYNE POINT RD CITY-ST-7IP MIAMI BEACH, FL 3314/ CITY-ST-ZIP MIAMI BEACH FL ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 teresceute 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.