

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90043 011 ***150.00

DOCUMENT # *H 20543* ✓

1. Entity Name

ABITI, INC.

(NCLW)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

755 WASHINGTON AVE.

3. Mailing Address

3100 BRICKELL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

MIAMI, FL

4. FEI Number

59-2457833

Applied For

Not Applicable

Zip

33139

Country

Zip

33129

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SERGIO SARDINIA

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

3100 BRICKELL AVE.

City

MIAMI

FL

Zip Code

33129

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

4/15/02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: *MELISSA G. SARDINIA*
STREET ADDRESS: *3100 BRICKELL AVE.*
CITY - ST - ZIP: *MIAMI, FL 33129*

TITLE: *DCST*
NAME: *SERGIO SARDINIA*
STREET ADDRESS: *3100 BRICKELL AVE.*
CITY - ST - ZIP: *MIAMI, FL 33129*

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGIO SARDINIA

4/15/02

DATE

305-854-3060

Daytime Phone #