

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J19646

1. Entity Name

AMERICAN BINDERS AND TABS INC.

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90013 049 \*\*\*150.00

Principal Place of Business *PMB* Mailing Address *PMB*  
 1814 NE MIAMI GARDEN DR., STE. 100 1814 NE MIAMI GARDEN DR., STE. 100  
 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179-5036



DO NOT WRITE IN THIS SPACE

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	59-2762185	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUGHES, RICHARD C/O RICHARD HUGHES <del>4101 NE 26 AVE</del> <i>1814 NE Miami Gardens Dr</i> <del>FT. LAUDERDALE FL 33308</del> <i>PMB 100</i> <i>N.M.B. FL 33179</i>		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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS HUGHES, RICHARD <del>4101 NE 26 AVE.</del> <del>FT. LAUDERDALE FL 33308</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1814 NE Miami Gardens Dr</i> <i>PMB 100</i> <i>N.M.B. FL 33179</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUGHES, RICHARD <del>4101 NE 26 AVE.</del> <del>FT. LAUDERDALE FL 33308</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1814 NE Miami Gardens Dr</i> <i>PMB 100</i> <i>N.M.B. FL 33179</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard S. Hughes* **FILED** 1-7-2000 305 792-0991  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)